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ABSTRACT

A study compared three New Jersey vocational rehabilitation programs serving schizophrenic clients to identify program strengths and successes in vocationally rehabilitating schizophrenic clients. The effective program elements were then related to the variables found to have a significant impact on rehabilitation outcome according to previous research and vocational theory. A total of 59 severely psychiatrically disabled clients and 71 staff and administrators from three sites were interviewed. Used to collect data were a pre-visit questionnaire; administrator, staff, and client interview schedules; and the Goal Attainment Scale. Data were collected in the following six areas: descriptive information about the samples, clients' motivation, client and staff goals, activities effectively meeting client and staff goals, program elements facilitating client career maturity, and program elements affecting client employment status. As a result of the compilation of data from the various interviews conducted at the evaluation sites, a total of 16 recommendations were made in six areas for use in constructing a model vocational rehabilitation program. These areas are assessment, motivation, career development, work, counseling, staff development, and medication. (The first part of this project report, which deals with the reliability of measures for the vocational assessment of schizophrenics is available separately through ERIC--see note.) (MN)

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ED206883

FINAL REPORT

OF THE

VOCATIONAL REHABILITATION PROJECT (SREG 116)

1980 - 1981

NEW JERSEY DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL EDUCATION AND CAREER PLANNING

PART II

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Project Duration

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June 30, 1981
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The Contractors undertaking this project were encouraged to express fully their judgments in professional and technical matters. Points of view or opinions do not, therefore, necessarily represent official funding agency positions or policies.

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PROJECT TITLE: THE VOCATIONAL REHABILITATION AND EDUCATION OF THE CHRONICALLY MENTALLY ILL

LEGAL NAME OF APPLICANT DISTRICT, INSTITUTION OR AGENCY:	COMMUNITY MENTAL HEALTH CENTER OF RUTGERS MEDICAL SCHOOL
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ABSTRACT

PART II

DESCRIPTION OF PROJECT

(Use this sheet and no more than one other to type in single-spaced form a statement of project objectives, procedures that were followed, state and local priorities emphasized and the expected contribution of the project to vocational education.)

This evaluation research studied three vocational rehabilitation programs serving schizophrenic clients. The main purpose of these program evaluations was to identify program strengths and successes in vocationally rehabilitating schizophrenic clients. The effective program elements were then related to the variables found to have a significant impact on rehabilitation outcome according to previous research and vocational theory.

A field study and an expert review were conducted in each of the three program evaluations. The basic design of the study consisted of a two-week field study during which a total of 59 clients and 71 staff and administrators were interviewed. After each field study, an expert review was conducted during a program site visit.

The results of the three program evaluations described the client sample as largely white and approximately half male and half female. While a large portion of the sample had less than a high school education, slightly less than a third of the sample had training beyond high school. Most clients were receiving medication, had more than one hospitalization, and were receiving disability benefits. Most clients who were interviewed had been involved with their programs less than two years and attended the program five days a week. The mean length of longest employment was 4.5 years, and clients had held a mean number of 3.1 jobs prior to their involvement with the program. In terms of longest period of employment, number of jobs and number of hospitalizations prior to program involvement, clients in all three programs were comparable. The staff members who were interviewed were largely white, more than half female, and more than one-third had a substantive amount of education in an area related to the work they were doing in the rehabilitation programs.

Clients appeared to have varying reasons for their involvement with rehabilitation programs. Some clients want to work, some want therapeutic help, and some simply want something to do. One of the important elements in clients' motivation appeared to be the relationship they had with staff members. While staff saw themselves as most frequently investigating situations in which clients failed to meet their responsibilities, clients appeared to be most sensitive to negative consequences of staff displeasure and exclusion from the program. An important factor decreasing clients' motivation was feared loss of disability benefits.

An examination of client goals indicated that clients who were very concerned about mental health and social goals were less likely to be concerned about goals associated with independent living. In addition, clients who were concerned with work goals were more likely to be associated with programs in which the main focus was work, while clients concerned about mental health or social goals were more likely to be associated with a psychosocial program. Staff tended to cite as more important those goals and activities which would help clients function more independently. Among activities which were considered to be important, both staff and clients indicated most often that the work activities included in the program were most important and most helpful. Other activities which were cited as important were the relationship between staff and clients and social and recreational activities.

Staff and clients disagreed about the degree to which career maturity goals were important and were being met. In addition, clients were more likely to emphasize what they learned more about themselves from work or social activities in the program, while staff were more likely to indicate that clients learn about themselves from staff feedback. Staff and clients agreed that staff support for clients' decision-making was important. In regard to planning, clients were most likely to indicate that staff had made them more confident about planning for the future while staff were most likely to indicate that they had taught clients the steps in the planning process. In regard to specific decisions, clients were more likely to see themselves making decisions alone.

The prevocational work activities were cited as important by both clients and staff in the preparation for competitive employment. Medication was seen as very important in helping a psychiatrically disabled client function in a job; in addition, there are several negative factors which staff reported as hampering clients' ability to work.

Several model-building recommendations were made based on the results of the field study and the expert review. Results of the evaluation study will be used to develop a model program for the vocational rehabilitation of schizophrenic clients.

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This research was made possible through a grant from the New Jersey State Department of Education, Division of Vocational Education and Career Planning. Joseph Kelly, Henry Tornell and Dean Garwood have been extremely helpful and supportive in their supervision of this project.

The staff and administration of many schools and rehabilitation agencies have shared their time as well as their expertise during the course of this study. Our appreciation is extended to the staffs of the Club, Friendship House, the Jewish Vocational Service, and Bergen and Burlington County Regional Special Services schools. In particular, we wish to thank John Woods, Julius Lanoil, Don Springer, Ron Coun, Linda Green, Joan Spinner, Diane Oonk, Claudia Fogel, David Anderson, Jim Lederer and Peggy Mignogna.

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A. INTRODUCTION

In the mid 1960's, one of the most comprehensive studies of the vocational rehabilitation of the mentally ill patient was done by the research unit of the Veterans Administration. They questioned 3,609 schizophrenic patients under sixty years of age who had been released from hospitals six months earlier. Two-thirds reported themselves as working one month or less, and only 14 percent reported themselves as working five months or more. (VA, 1965). These findings seem to indicate that either serious efforts to vocationally rehabilitate schizophrenic patients were not being made, or that they were not very successful. Griffiths (1974) investigated the effects of rehabilitation by randomly assigning 56 schizophrenic subjects to experimental and control groups. After 15 months, assessments revealed no significant differences between those who had participated in the vocational rehabilitation programs and those who had not. The overall conclusion was that rehabilitation had no detectable effect.

The results of this extensive Veterans Administration study (1965) and Griffiths' (1974) experimental investigation, typify the failure to vocationally educate and rehabilitate schizophrenic persons which is reported in much of the current research (Berkowitz, et al., 1976). While it is clear that vocational education/rehabilitation programs have a great deal of difficulty achieving their objectives, the reasons for this lack of success are unclear. Perhaps schizophrenic persons are poor risks for vocational education/rehabilitation, or perhaps present programs are not effectively meeting their needs. The former position is untenable, since it implies a fatalistic stance that inhibits further research. The present proposal will focus on program changes that will improve education/rehabilitation outcome.

Vocational education/rehabilitation programs have two main components. An assessment phase determines what interventions are appropriate in the education phase. Efforts to improve education/rehabilitation outcome have traditionally focused on changing aspects of education. Since assessment determines education, it is necessary to question the adequacy of vocational assessment <u>before</u> attempting to develop an educational plan. Developing adequate vocational assessment techniques is basic to both program development and evaluation. Valid and reliable vocational instrumentation is essential in order to understand the education/rehabilitation process, and the individual vocational development of schizophrenic persons. This critical focus on a comprehensive assessment phase is lacking in previous vocational education/rehabilitation research. Vocational Assessment Project (SREG 808) has made a unique contribution toward developing a more comprehensive assessment phase. The present project (SREG 116) extended the Vocational Assessment Project and studied the predictive value of various assessment techniques. The results of this part of the study are reported separately. This report deals with the results of an evaluation study which examined the impact of various vocational rehabilitation programs on schizophrenic clients. The main purpose of the evaluation study was:

To conduct a study of three vocational rehabilitation programs in New Jersey who serve schizophrenic clients in order to identify their

strengths and successes. These effective program elements will be related to the variables found to have a significant impact on rehabilitation outcome in the assessment research and vocational theory. This study will be used to develop a model program for the vocational rehabilitation of schizophrenic clients. This new program will be built on the integration of the strengths of other programs, and will have the benefit of vocational assessment research and vocational theory.

Vocational Theory

Prior to the late 1950's, vocational psychologists emphasized matching men and women to occupations. The analysis of personal and occupational aptitude and interest profiles became a very important part of a rather static matching process which seemed incompatible with dynamic concepts of personality development.

Super (1951) linked personality development and vocational choice in his theory of vocational development. Super (1963) states, "In expressing a vocational preference, a person puts into occupational terminology his idea of the kind of person he is; that in entering an occupation, he seeks to implement a concept of himself; that in getting established in an occupation he achieves self actualization. The occupation thus makes possible the playing of a role appropriate to the self-concept." (p. 1)

Super's vocational theory also recognized the developmental nature of career decision-making, and Super postulated life stages and the tasks of vocational development appropriate to each stage. Applying the theory of life stages to the analysis of vocational exploration and establishment, Super (1953) introduced the concept of career maturity. According to Super (1957), vocational maturation proceeds along five dimensions: (1) Orientation to Vocational Choice; (2) Information and Planning; (3) Consistency of Vocational Choice; (4) Crystallization of Traits; and (5) Realism of Vocational Preferences. Career maturity is defined as one's standing along these dimensions in relation to either chronological age and expected life stage, or the behavior of others with the same developmental tasks.

Emperical testing of Super's theory has demonstrated that agreement between the self concept and one's own occupational concept is related to occupational preferences and to both internal and external criteria of success and satisfaction (Super, 1963).

Super's theory provides the conceptual framework for both of the proposed studies. Career maturity and self-esteem are two of the most powerful variables in vocational development according to Super's formulation. Aptitudes and interests are of secondary importance and are mainly seen as contributing to the concept of self. Motivation and biographical data have been found to be important variables in prior research concerned with the vocational education/rehabilitation of schizophrenic

persons. The following will examine each of these variables in a systematic attempt to relate vocational theory and prior research to the evaluation study.

Career Maturity

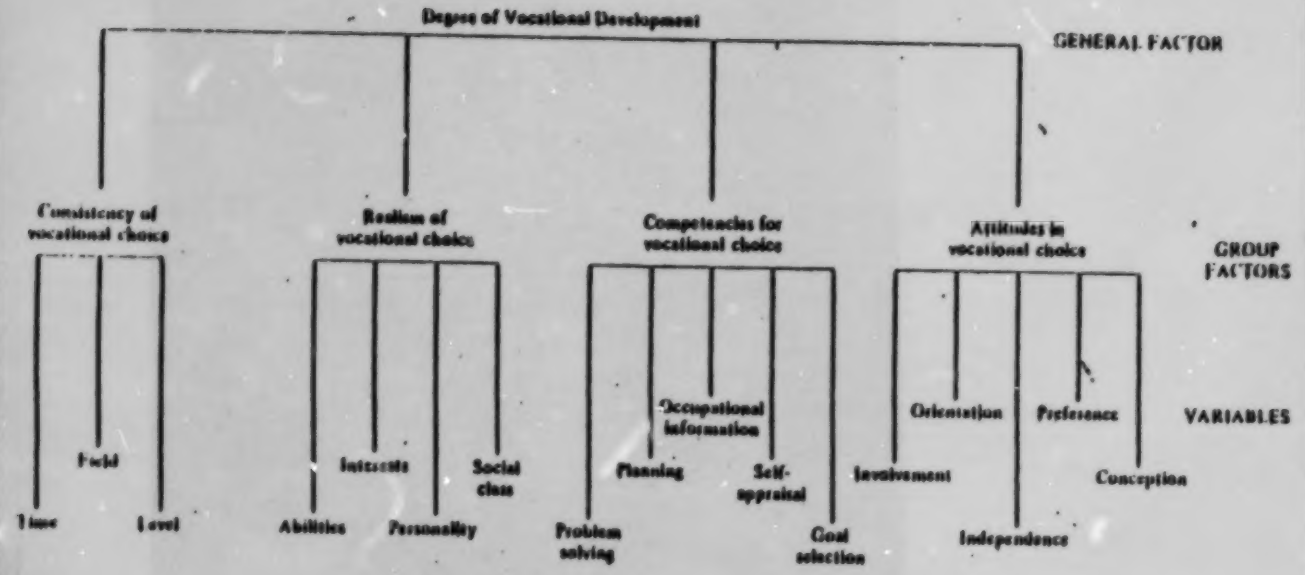
The career development processes have been described in detail by Super (1957, 1963, 1970), Jordann (1963, 1974), Crites (1967, 1969, 1974) and others. In general they see career development as part of human development (Beilin, 1955; Crites et al., 1967). As Tennyson et al. (1973) note: "Individual development is influenced by both heredity and environment. Psychological, sociological, educational, political, economic and physical factors effect development." (p. 3) It is not known to hwat extent and in which ways schizophrenia effects the career development process. There seems to be a lack of meaningful research in this area.

The Career Maturity Inventory (CMI) was developed by Crites (1965) to assess two important career development group factors involved in career maturity. The CMI has been conceived and constructed to measure the maturity of attitudes and competencies that are critical in realistic career decision making. It is made up of two scales, an Attitude Scale and a Competence Scale. The five attitudinal clusters surveyed are: (1) involvement in the career choice process; (2) orientation toward work; (3) independence in decision making; (4) preference for career choice factors and (5) conceptions of the career choice process. The Competence Test measures the more cognitive variables involved in choosing an occupation. These include: how well the individual can appraise his/her job-related capabilities; how much he/she knows about the world of work; how adept he/she is in matching personal characteristics with occupational requirements; how foresightful he/she is in planning for a career; and how effectively he/she can cope with the problems which arise in the course of career development. There are five parts to the Competence Test: Self-Appraisal, Occupational Information, Goal Selection, Planning and Problems Solving. (See Figure 1.)

If the career immaturity of schizophrenic persons can be understood using the CMI, then appropriate steps can be taken to enhance career attitude maturity (Asbury, 1967; Bovee, 1967; Gilliland, 1966; Goodson, 1969) and provide career education programs (Herr and Cramer, 1972) that will teach needed career competencies. The CMI seems to have a great deal of potential as a research and counseling tool in understanding the career development of schizophrenic persons.

Searls, et al. (1969) attempted to identify the variables that were incompatible with the vocational success of former psychiatric patients. He found that the unemployable patients had vocational goals that were too narrow and unrealistic. This seems to support the use of the concept of career maturity in assessing education/rehabilitation potential and program effectiveness.

Figure 1. The Construct of Vocational Maturity



Self Esteem

Super (1963 a,b,c) sees vocational choice as implementation of self-concepts. He identified self-esteem as an important metadimension of self-concept and a primary motivator of vocational behavior. Rosenberg (1965) defined self-esteem as the individual's evaluation of the self with regard to some characteristic. Gergen (1971) states that a person's self-esteem plays a key role in determining his behavior. Korman (1966) found self-esteem to be a moderating variable in the process of vocational choice. He concluded that individuals high in self-esteem are more likely than individuals low in self-esteem to choose occupations congruent or consistent with their self-concepts.

Little is known about how self-esteem affects the vocational choices of schizophrenic persons. Patterson's (1957) finding that the vocational aspirations of the emotionally disturbed tend to be unrealistic could be the result of self-esteem acting as a moderating variable as Korman has suggested. Self-esteem is also an important motivator of vocational behavior and this needs to be explored in relation to the vocational problems of schizophrenic persons. If research can firmly establish the importance of self-esteem in the vocational development of schizophrenic patients, ways can be explored to increase self-esteem through social approval and demonstrated competencies.

Self-esteem has been used by Griffiths (1974), and Watts, et al. (1976) to predict education/rehabilitation outcome. Griffiths found low self-esteem to be one of the predictors invariably associated with unemployment. Watts suggests that self-esteem is a powerful measure of the education/rehabilitation potential of psychiatric patients. The evaluation study looked at the ways in which vocational rehabilitation programs affect the self-esteem of schizophrenic clients and the perceived effects of self-esteem on the rehabilitation process.

Motivation

In order to take into account the environmental factors which affect motivation, it is useful to redefine motivation in terms of Bandura's (1977) construct of self-efficacy. Both environmental and personal characteristics contribute to a person's perception of self-efficacy. This redefinition is important in conceptualizing the vocational motivation of the disabled. It explains how failure to perform successfully in the past, and/or obtain the desired outcomes, results in lowered expectations of capacity to function in the future. The schizophrenic patient often has a work history of frustration and failure. This can make him reluctant to face the prospects of employment, and he seems to lack the drive to deal with the placement process or other aspects of vocational rehabilitation.

"Professional patienthood" can also result in motivational problems. Often the schizophrenic patient concludes that the rewards of working are not

worth the risk of failure. The patient often sees the likelihood of getting and functioning in a rewarding job as remote. It is easier just to be a patient and collect disability benefits. Many schizophrenics are reluctant to take part in the vocational rehabilitation process because they are afraid of losing disability benefits. (Gunn, 1975)

Searls et al. (1970) identified motivation as an important variable in predicting employment failure among psychiatric patients in a rehabilitation program. Searls used four factors to measure motivation: (1) misses appointments for placement or vocational counseling; (2) usually late for placement or vocational counseling; (3) resistance or refusal to accept job referrals; and (4) procrastination on follow-up job leads. Motivation was also found to be significant in differentiating employed and unemployed psychotic patients in a vocational rehabilitation program. (Griffiths, 1974) These studies indicate that a patients willingness to engage in the vocational education/rehabilitation process (motivation or perceived self-efficacy) is related to education/rehabilitation outcome and should be useful in assessing the effectiveness of vocational rehabilitation programs for schizophrenic clients.

Aptitudes

Taylor (1963) tested 57 patients (47 of who were schizophrenic) using the General Aptitude Test Battery (GATB). One year later, he found that the battery did not predict which patients made successful work adjustments. He states that although the GATB is widely used in vocational assessment, it appears that it is unable to predict work adjustment among former psychiatric patients. Bidwell (1969) found a negative relationship between the GATB and the Stotsky-Weinberg Sentence Completion Test in a study of 51 male schizophrenic persons. The low ego-strength S's performed better on the aptitude tests for general intelligence, verbal, numerical, spatial relations, perceptual, clerical skill and motor coordination. The high ego-strength S's performed better in only two areas, finger and manual dexterity. Bidwell (1969) suggests that impression management of higher functioning schizophrenic persons as a possible explanation of her unexpected findings. While it is difficult to understand her results, they seem to indicate that the use of the GATB to predict the readiness of schizophrenic persons for vocational counseling or planning is inappropriate. Briggs (1966) found that it was appropriate to use four factors of the GATB to distinguish between psychiatric patients (diagnosis unspecified) that were vocationally successful and those that were not. One possible explanation for these conflicting findings is that Briggs tested his patients after they had been discharged from the hospital, while the studies cited previously administered the GATB to hospitalized patients. Presumably, the discharged patients were experiencing less symptoms when they took the test and, therefore, GATB results had more predictive value. Another reason may be that the previous studies used all or mostly schizophrenic subjects. Briggs (1966) used a more heterogenious patient sample; therefore, his findings may not be generalizable to a schizophrenic population.

Floyd (1964) compares the performance of 10 hospitalized mental patients (diagnosis unspecified) on various aptitude and intelligence tests. He found large discrepencies between the Peabody Picture Vocabulary Tests (PPVT) and the "G" (general intelligence) and the PPVT and the "V" (verbal ability) Factors of the GATB. The PPVT was designed for the mentally and physically handicapped which may account for the tendency of PPVT IQ scores to be higher than the "V" and "G" Factor scores on the GATB. There was also a tendency for the WAIS full scale IQ to be higher than the "G" Factor of the GATB. These findings are based on a very small sample; however, they point to the need for further validation of the GATB using a schizophrenic population.

Roberts (1970) claims that rehabilitation clients infrequently score high enough to meet the required occupational patterns on the GATB and other aptitude tests, since they were standardized on a normal population. He suggests that the raw scores of aptitude tests are still helpful in the counseling and education/rehabilitation process, since they reflect the clients relative strengths and weaknesses. This assumes that the schizophrenic patient is motivated to do his/her best on the test, and that other aspects of mental illness are not interfering with accurate aptitude assessment.

The evaluation study examined the perceived usefulness of formal aptitude measures in vocational rehabilitation programs. It also examined other ways in which assessments of vocational aptitude are made by clients and staff.

Interests

The effectiveness of interest inventories with schizophrenic persons has been questioned by many investigators. Brandt (1968) found that the Strong Vocational Interest Blank (SVIB) predicted eventual occupation less accurately for persons who obtained abnormal profiles on the MMPI than for those with normal profiles. He concluded that the SVIB can be used with less confidence when counseling individuals with abnormal scores. He attributes this to differences between abnormal scores and the original normative group used for standardization of the SVIB. Patterson (1957) states that, "The evidence seems to indicate that emotionally disturbed clients do tend to present patterns of vocational interest which are different from those of normal persons in tending to be more unrealistic in terms of aptitude and ability requirements, and in terms of more often reflecting interest in talent and personal-social occupations." (p. 274) Cares (1964) used the SVIB with 40 hospitalized psychiatric patients (36 of whom were schizophrenic) and found that greater abnormality was associated with less interest patterning, vocational immaturity, greater variability of responses, response deviance, and the tendency for primary interests in creative-expression fields and detailed office work.

The evaluation study examined the perceived usefulness of formal interest

measures in vocational rehabilitation programs for schizophrenic clients. It also examined other ways in which assessments of vocational interests are made by clients and staff. The role of interests in establishing goals and influencing motivation is also considered as part of the rehabilitation proces.

Biographical Data

In his comments on the use of past history in the vocational education/rehabilitation of the mentally ill, Gunn (1975) maintains that a review of past accomplishments and preferences can serve as a basis for determining the future course of vocational education/rehabilitation and job placement. Gunn states, "it is safe to say that a simple, uncomplicated predictor of future accomplishment is what has happened in the past." (p. 213)

Lorei and Gurel (1972) were able to predict employment status and hospital readmission of 720 schizophrenic patients using a self-administered historical inventory. These results support the use of historical data in measuring education/rehabilitation potential, and as a way of determining appropriate interventions in the vocational education/counseling of schizophrenic patients.

In the course of the evaluation study, biographical data were gathered in order to provide descriptions of both program clients and staff. This descriptive data has important implications for assessing the needs of schizophrenic clients and developing responsive vocational rehabilitation programs.

Previous sections have described some of the variables which vocational theory and past research have marked as important in the vocational rehabilitation process and provide the conceptual framework for the evaluation study. The following will detail some of the specific goals and strategies of the evaluation study.

Evaluation Study

This evaluation research studied three vocational rehabilitation programs servicing schizophrenic clients: the Jewish Vocational Service, a vocational rehabilitation facility centered around a sheltered workshop; Friendship House, a combined sheltered workshop and psychosocial program; and the Club, a psychosocial program. The main purpose of these program evaluations was to identify their strengths and successes in vocationally rehabilitating schizophrenic clients. These effective program elements were then related to the variables found to have a significant impact on rehabilitation outcome according to previous research and vocational theory. The results of the evaluation study will be used to develop a model program for the vocational rehabilitation of schizophrenic clients. This new program will be built on the

integration of the strengths of other programs and will have the benefit of vocational theory and research.

Goals

The evaluation study used the career development approach as its conceptual framework. Therefore, in addition to focusing on the ultimate objective of employment, it also examined each program in order to determine which program elements facilitate the vocational development of schizophrenic clients. The general goal of the career development approach is to facilitate the growth of the attitudes, knowledge, behavior and skills to cope adequately with the tasks of a given vocational life stage (growth, exploration, establishment, maintenance and decline). Simply stated, successful career development results in career maturity. It differs from traditional approaches by taking all four of the career maturity group factors into account, rather than focusing on interests and abilities (realism of vocational choice). Figure 1 illustrates the construct of career maturity and defines the group factors.

One of the outcomes of a career development approach is that the client has ability to identify, specify and implement his/her vocational preferences. The client becomes the central person in vocational rehabilitation planning. Threlkeld (1979) studied the effects of increased client involvement in vocational rehabilitation planning. He concluded that "The overall findings of the project were that all rating persons, counselors, clients, and group leaders felt that clients improved in their rehabilitation potential. Clients ameliorated their blockages toward rehabilitation, formulated and implemented vocational plans and made substantial movement in the vocational rehabilitation process." (p. 148) This project underscores the value of client planning in improving rehabilitation outcome.

Shaw (1976) notes that if the objectives of the career development process are accomplished, the following benefits will result.

(1) Client will be an active participant in rehabilitation planning.

(2) Client will have established his own vocational objectives.

(3) Client will have a more accurate understanding of his/her own psycho-social make-up.

(4) Client will have a commitment to therapeutic or ongoing rehabilitation programs.

(5) Client will have the ability to establish satisfying life roles.

(6) Client will have the skills to adapt to life changes.

(7) Client will have responsibility for personal behavior and actions.

(8) Client will have understanding of the world of work.

(9) Client will have understanding of job structure and ability to equate his/her own skills to that structure.

(10) Client will have resource seeking skills.

(11) Client will have increased awareness of leisure activities.

(12) Client will have lifelong decision-making skills.

(13) Client will be able to implement career plans.

The goals and benefits of a career development approach have clear implications for vocational rehabilitation and have positive effects on all life roles. These benefits are particularly useful at critical choice points or transitional times in a person's life. The career development process can be instrumental in helping clients make more satisfying choices as a user of leisure time, a family member, a citizen and a worker. Therefore, the career development process not only facilitates vocational development, but also improves the quality of life and promotes self-fulfillment.

Career maturity goals are particularly important for persons who have been diagnosed as having schizophrenia. The schizophrenic process seems to interfere with career maturity in a number of wyas. For example, many schizophrenic persons seem unable to look ahead and can only conceptualize the future (restriction of psycho-temperal field). This makes planning very difficult. Other ways in which schizophrenia affects career maturity are detailed in Appendix and summarized in Figure 2. Schizophrenic clients seem to have special needs and deficits in regard to career maturity goals, and program elements to address these needs have not been systematically identified. Secondly, most clients who are schizophrenic collect disability benefits. For many clients this affects their motivation to work. (Gunn, 1975; Searls, 1970) Why should a person work if they can make as much money being unemployed? According to Super's theory, the career mature person is able to make a realistic occupational choice which expresses the kind of person he/she is. Work, as an expression of self, is seen as valuable in itself. The extrinsic monetary rewards are less important to the career mature person than the intrinsic meaning and satisfaction of the work itself. Therefore, increasing the degree of career maturity should result in making work more personally satisfying and meaningful. It follows that career maturity would have positive effects on a person's motivation to work. Although this hypothesis remains untested, it appears to support the use of career maturity goals in evaluating vocational rehabilitation programs.

Program components were evaluated in terms of their effects on the career maturity goals of self-appraisal, goal selection, planning, problem solving, occupational information, involvement in the choice process, orientation toward work, independence in decision making, preference for career choice factors and conceptions of the choice process. Program

Figure 2. Elements of Schizophrenic Process which Interfere with the Career Choice Competencies and Attitudes Involved in Career Maturity (Ciardiello, 1979)

CAREER MATURITY VARIABLES		INTERFERING ELEMENTS IN SCHIZOPHRENIC PROCESS
COMPETENCIES	Self-Appraisal	depersonalization paleologic thought low self-esteem
	Goal Selection	ego dysfunction
	Planning	restriction of the psychotemporal field to the present
	Problem Solving	exaggerated use of ego-defense mechanisms failure to habituate perseveration
ATTITUDES	Involvement	passivity past vocational failures low self-esteem loss of disability benefits
	Orientation	inadequate ego-id boundary failure to form major set
	Independence	regression toward greater dependence
	Preference	fragmentation of perception and thought overinclusion and overexclusion
	Conception	impaired conception of causality extreme internal or external locus of control

elements were also assessed in terms of their effects on successful job placement and level of functioning.

Evaluation Strategy

Borus (1979) divided the evaluation of vocational programs into three general types, each of which asks different questions but can be thought of as a continuum of steps to trace the program's effects. (1) Process evaluation asks the question "How did the program operate?" (2) Impact evaluation asks the question "What did the program do?" (3) Strategic analysis seeks to answer the question "How effective was this program in accomplishing its goals as compared with other programs aimed at the same goals?" These three questions were addressed in the present evaluation research.

Process evaluation is operations oriented -- it is concerned with what goes on in the program and what the program does to and for the participants. Evaluating program process involves comparing the manner in which a program is operated and its outcomes against the plan for the program. It tests whether the plan is being carried out as written, on the premise that the plan must be followed in order to have success. In terms of the proposed study, process evaluation would consist of determining how vocational rehabilitation program components or combinations of components operate to achieve the stated goals of the program, career maturity goals and the goals of successful job placement and improving a schizophrenic persons general level of functioning.

Impact evaluation seeks to measure the effects of the program. It addresses the question "What difference has the program made?" The emphasis is on changes brought about by the existence of the program. Impact evaluation compares what occurs, given the existence of the program, to what would have occurred if the program did not exist. The impact evaluation answered the following questions: What effect did a particular program component have on rehabilitation outcome (job placement) and the general level of functioning of schizophrenic clients? What effect did program elements have on the career maturity of schizophrenic clients? Does the program achieve its own stated goals? It should be noted that impact evaluation is not limited to the evaluation of goals originally listed by the program in its plan. It included the other possible effects of a program which have been identified as important in the vocational rehabilitation of schizophrenic clients.

Strategic analysis compares alternative programs in order to judge their relative efficiency and effectiveness in accomplishing objectives. In this evaluation study, a sheltered workshop was compared to two psycho-social rehabilitation centers and the two psycho-social centers were compared to each other. Different program components within a single program which have common goals were also compared for relative efficiency and effectiveness. The strategic analysis compared the relative effectiveness of three vocational rehabilitation programs in achieving their own shared goals, career maturity goals and the goals of successful job placement and improved level of functioning.

Besides addressing different aspects of the evaluation process, the proposed evaluation employed multiple methods. The three methods to be used for each program include: (1) an expert review, (2) a field study and (3) an archival study. These are detailed below:

(1) Expert Review. The main purposes of the expert review were to identify program components which achieved specified goals and to recommend a specific structure for evaluating them. Three experts in the field of career development gathered impressionistic data regarding effective program elements during three site visits. The three expert consultants were: Dr. William C. Bingham, Chairperson of the Educational Psychology Department, Rutgers University; Dr. Edwin Herr, Chairperson of the Counseling Psychology Department, Penn State University; and Dr. Thomas Hilton, Senior Researcher at the Educational Testing Service (See Appendix D for detailed vitae). A program review conducted by these consultants offered impressions based on their vocational and evaluation experience and maximized the effectiveness of the field studies.

(2) Field Studies. The evaluation model used by Raymond Glasscote, Chief of the Joint Information Service of the American Psychiatric Association and the National Association for Mental Health to evaluate many mental health services was also used in the field studies. Essentially, it consists of naturalistic observation and structured interviews with the clients, staff and administrators of each program. Each field study was carefully designed by the project consultants and director to evaluate the unique aspects of each program in terms of the goals previously specified. Some of the general questions addressed by the field study included (but were not limited to):

(a) What are the goals of the program as seen by schizophrenic clients, staff and administrators?

(b) What program components address the stated goals, as well as career maturity goals, and the goals of job placement and improved level of functioning?

(c) How do program components address these goals?

(d) How do clients, staff and administrators evaluate the effectiveness of these program components?

(e) What are the theoretical underpinnings of the program?

(f) What are the priorities of the program as seen by clients, staff and administrators?

(g) How do clients, staff and administrators view their own roles and roles of others in the program?

(h) How are the staff trained?

(i) How are clients selected for the program?

(j) How are decisions made regarding client readiness for various program interventions?

(k) How is the physical plant used in the program?

(l) How are clients transported to the program?

(m) How is the program funded?

(n) What is the nature of the relationships the program has with other supportive agencies?

(o) What kinds of client services does the program offer?

(p) How does the job placement program operate?

(q) Is there vocational assessment and how is it done?

(r) What specific job skills are taught and how are they taught?

(s) What is the nature of the self-evaluation process?

(t) Are clients followed up after they leave the program?

(u) Are clients motivated to participate in the program?

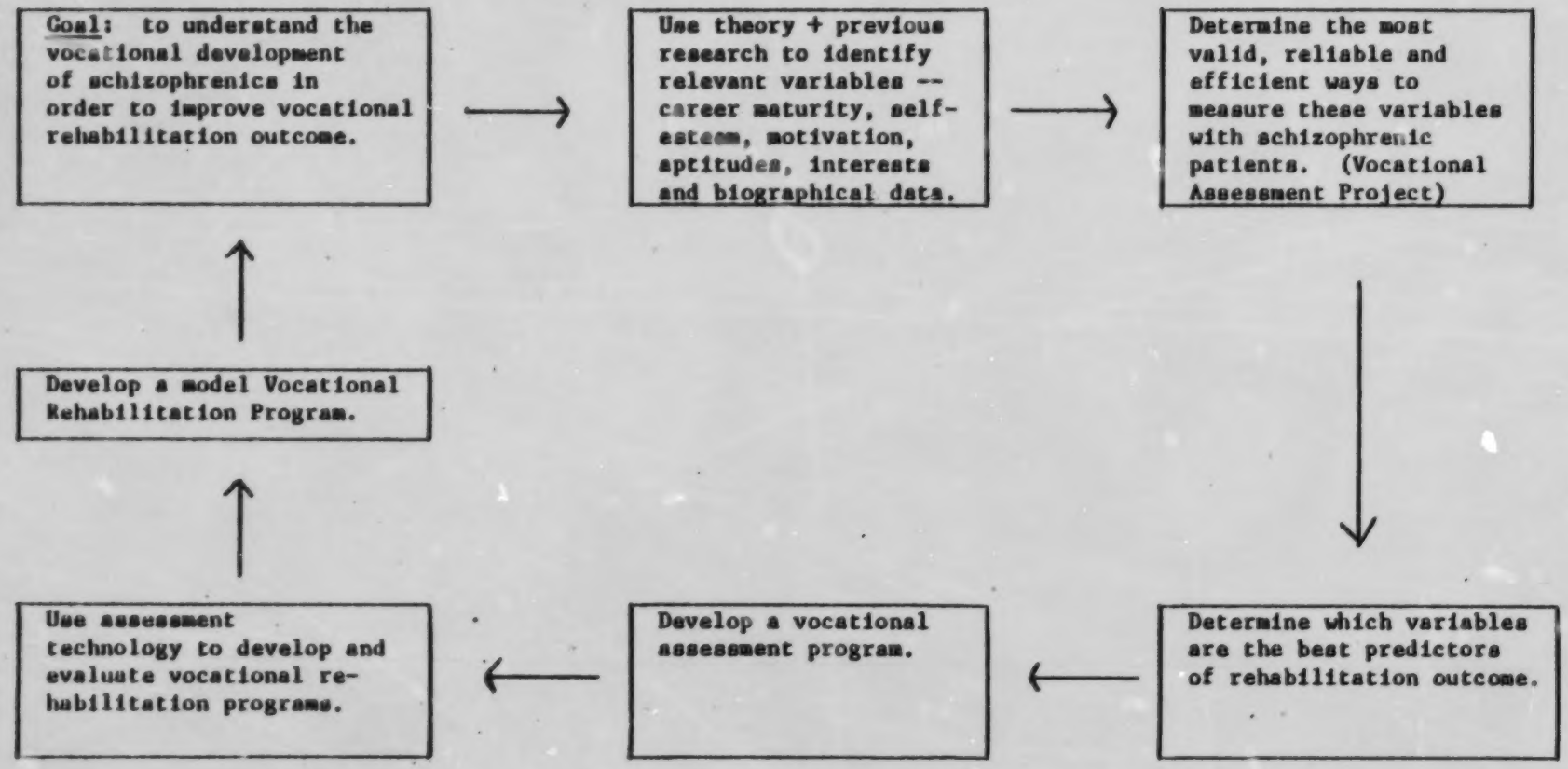
(3) Archival Studies. Summary data, papers and reports were gathered which were useful in the process, impact and strategic evaluations of the three programs.

Evaluation Outcomes

A study of three vocational rehabilitation programs serving schizophrenic clients was conducted in order to identify their strengths and successes. These effective program elements were related to the variables found to have a significant impact on rehabilitation outcome according to previous research and vocational theory. The evaluation study will be used to develop a model program for the vocational rehabilitation of schizophrenic clients. This new program will be guilt on the integration of the strengths of other programs and will have the benefit of previous research and vocational theory (See Figure 3).

This model program will be used by the Community Mental Health Center of Rutgers Medical School to improve the vocational rehabilitation services for continuing care clients. The program model will also be given to the directors of the vocational rehabilitation programs who participated in the evaluation and assessment projects. It will also be available to other interested agencies. The consultants and project directors frequently make presentations at conferences where the results of this study and the vocational rehabilitation model can be disseminated.

Figure 3. SCHEMA FOR PROPOSED VOCATIONAL ASSESSMENT AND PROGRAM EVALUATION RESEARCH


Goal: to understand the vocational development of schizophrenics in order to improve vocational rehabilitation outcome.
Use theory + previous research to identify relevant variables -- career maturity, self-esteem, motivation, aptitudes, interests and biographical data.
Determine the most valid, reliable and efficient ways to measure these variables with schizophrenic patients. (Vocational Assessment Project)
Determine which variables are the best predictors of rehabilitation outcome.
Develop a vocational assessment program.
Use assessment technology to develop and evaluate vocational rehabilitation programs.
Develop a model Vocational Rehabilitation Program.

B. PROCEDURES

Objectives

The main objective of the evaluation study was to identify those program elements which are most effective in the vocational rehabilitation of psychiatrically disabled clients. To accomplish this goal, interview data were collected at three vocational rehabilitation programs. The data which were collected were related to six areas:

(1) Descriptive information about the samples

(2) Clients' motivation

(3) Client and staff goals

(4) Activities which effectively meet clients' and staff goals

(5) Program elements which facilitate clients' career maturity

(6) Program elements which affect clients' employment status

Description of samples. Included are demographic, educational and vocational data about clients and staff. The client data provides a picture of the severely psychiatrically disabled clients who are being served by vocational rehabilitation programs in New Jersey. The staff data provides information about the demographic educational and vocational experiences of program staff as well as their thoughts and attitudes concerning the vocational rehabilitation of severely psychiatrically disabled clients. In the description of the client and staff samples, the following questions were addressed:

(1) What is the racial/ethnic composition of programs?

(2) What proportion of men and women are being served by vocational rehabilitation programs?

(3) What age groups are primarily being served by these programs?

(4) How much education have clients had?

(5) What are clients' major sources of income?

(6) How often have clients been hospitalized for mental illness?

(7) How many clients are presently taking psychotropic medication?

(8) How long have clients been involved with their respective programs and how often od they attend the program?

(9) How are clients referred to programs?

(10) What jobs have clients held prior to program involvement?

(11) How long have clients worked?

(12) What training and previous experience have staff had?

Motivation. In regard to motivation, this study seeks to answer the following questions:

(1) What motivates clients to become involved with a vocational rehabilitation program?

(2) What motivates clients to continue their involvement with vocational rehabilitation programs?

(3) How do staff attempt to motivate clients to be active in the program?

(4) What reinforcements are utilized by staff to maintain responsible client behavior?

(5) What reinforcements have the most impact on clients in terms of maintaining responsible behavior in the program?

(6) What impact do disability benefits have on clients willingness to seek competitive employment?

Goals. Goals and motivation are inextricably related. Logically, clients' mtoivation is related to the goals they set and the degree to which they are able to reach these goals within the context of the program. Clients' motivation can also be influenced by the degree to which there is congruence between clients' goals and staff goals for clients. Therefore, this study addresses the following questions in relationship to goals:

(1) What are clients' most important goals?

(2) What do staff articulate as the important goals of the program?

(3) What are the differences among clients' goals and are these differences related to the activities in which clients become involved?

Activities. The progress from motivation to goals to activities is a logical one. The assumption is that the goals which are important to staff and clients will be met by specific activities within the program. Both staff and clients were asked which activities were the most effective in meeting specific goals. Therefore, the questions about activities which this study examined are:

(1) What activities do clients find to be most helpful to them?

(2) What activities do staff find to be most useful in terms of clients' general progress?

(3) What activities are particularly helpful in preparing clients for competitive employment?

Career maturity. The design of this study has been influenced by theories developed by Super (1957) and Crites (1969). The construct of vocational maturity is illustrated in Figure 1. Of particular interest for the purposes of this study were the following questions regarding vocational maturity:

(1) In what ways are clients helped by the program to discover their preferences for work and leisure tasks?

(2) In what ways are clients helped by the program to assess their abilities?

(3) In what ways does the program help clients to develop more effective decision-making skills?

(4) In what ways does the program help clients to develop more effective planning skills?

Paid employment opportunities offered by programs. While the main goal of vocational rehabilitation is often to place and maintain a client in a permanent, competitive job, programs can also provide various types of transient employment to clients. Since it is important to consider the degree of success a schizophrenic client is likely to have in any employment situation, it was an important part of this study to determine the following:

(1) What client characteristics are important to staff in determining a work placement for clients?

(2) How do clients utilize the opportunities offered by the program to prepare for competitive employment outside of the program?

(3) What client characteristics have a particularly negative impact on clients' ability to work and how do program staff attempt to ameliorate those characteristics?

(4) What impact does medication have on clients' ability to hold a job?

Summary. As indicated above, this study addresses questions in six basic areas which include (1) the characteristics of the clients and staff interviewed for this study; (2) the program elements which motivate clients to seek vocational rehabilitation and to continue their involvement with the rehabilitation effort; (3) the goals which are important to clients and staff; (4) the activities which meet those goals; (5) the program elements which facilitate career maturity; and (6) the employment opportunities which are made available to clients by programs.

The significance of these objectives for vocational education/rehabilitation is as follows:

(1) Collection of data regarding the effectiveness of components of several programs can provide a framework within which staff members of rehabilitation programs and schools for emotionally disturbed students can evaluate their own programs ensuring a thorough and efficient education for all students.

(2) Information about client goals and sources of motivation for clients can provide existing programs with additional information in these areas which may influence their own program development.

(3) An analysis of the existing interview data can suggest fruitful areas for future research.

(4) Information collected for this study may elucidate the methods utilized by rehabilitation staff to enhance clients' career maturity goals.

Samples

The client sample consisted of 59 severely psychiatrically disabled clients from the three different programs included in this study. Twenty-one clients were interviewed at the Club, twenty at Friendship House, and eighteen at JVS. Approximately 90% of these clients were diagnosed as schizophrenic. A total of 71 staff members were interviewed for the purpose of this study. Of this number, 24 were Club staff, 25 were Friendship House staff, and 22 were JVS staff. Almost all professional staff of these programs were interviewed. A detailed description of these samples is provided in the results section.

Instrumentation

The instruments used to colelct data for the evaluation study included: (1) the Pre-Visit Questionnaire, (2) the administrators' interview schedule, (3) the staff interview schedule, (4) the client interview schedule, and (5) the Goal Attainment Scale.

Pre-Visit Questionnaire

Before the principal evaluator visited each program, the director of the program completed the Pre-Visit Questionnaire (see Appendix A). This questionnaire included questions regarding the following areas:

(1) General program policies which included the program goals, admission criteria and attendance and medication requirements.

(2) General program structure which included the major components of the program, activities which clients are required to attend, number and titles of staff members, and the types of housing in which clients resided.

(3) Information about clients which included the number of clients active in the program, the number who attend the program each day, types of data which are collected by the program, the number of clients who are psychiatrically disabled and/or schizophrenic, and assessments utilized by the program.

(4) Program activities including vocational activities, leisure activities, family activities and transportation for clients.

(5) Planning and funding including sources of funding and future plans for the program.

(6) Request for copies of program descriptive materials and papers prepared by program staff.

Staff and Administrators' Interview Schedules

The administrators' and staff interview schedules are nearly identical (see Appendix B). Both consisted of 21 open-ended and 2 fixed response questions regarding the following areas:

(1) Staff perception of ghe general program

(2) Staff perception of the vocational program

(3) Staff perception of clients

(4) Characteristics of staff

Each staff member or administrator was interviewed for approximately one hour. For open-ended questions, responses were generally limited to three.

Client Interview Schedule

The client interview schedule consisted of 22 open-ended questions and 9 fixed response questions. The areas with which these questions were concerned included:

(1) The clients' perceptions of the general program

(2) The clients' perception of the vocational program

(3) The clients' medical information

(4) Information about clients' income sources

(5) Information about clients' transportation

(6) Clients' educational background

(7) Information concerning clients' present and past housing arrangements.

(8) Vocational information

Client interviews lasted approximately one hour. For Question #3 of the clients' interview, clients were given twelve 4" x 6" plain white index cards; on each of these cards was printed one of the goals listed in Question #3.

Client interviews generally lasted no more than one hour.

Goal Attainment Scale

The development of the Goal Attainment Scale for this research was based on a concept developed by T. J. Kiresuk (1977). The original concept included specific, observable goals for a client. The goal would be weighted and a client's progress on each goal would be rated according to a 5-point scale. A total score for the client's progress could then be computed by multiplying the goal for each weight by its respective score.

Because the Goal Attainment Scale in this research was utilized to have clients and staff evaluate the degree to which programs were meeting eight goals, it was modified from the original plan to fit our purposes. Eight program goals were included in the scale:

(1) teaches job skills

(2) teaches career planning skills

(3) teaches decision-making skills

(4) teaches social skills

(5) teaches appropriate work behaviors

(6) clients assume responsibility

(7) motivates clients

(8) meets clients' own goals

Clients and staff were asked to assign a weight to each of these goals; the weights were that the goal was:

(1) Not very important to me

(2) Somewhat important to me

(3) Very important to me

After respondents rated each goal, they were asked to indicate which of the three statements listed below the goal was most accurate (see Appendix C). Of the three statements listed below each goal, one indicated that almost all of the activities had met the goal, one that about half of the activities had met the goal, and one that a few of the activities had met the goal.

Method

Three programs were evaluated during the course of this study. For each program evaluation, the basic design of the study consisted of a two-week field study during which clients, staff and administrators were interviewed. After these data were collected and a preliminary analysis of the data was compiled, an expert review was conducted during a program site visit.

Field study. Before each field study program administrators were asked to complete a pre-visit questionnaire (see Appendix A). During the course of the field study, the principal evaluator conducted interviews with approximately 20% of the clients and, to the degree that it was possible, all of the rehabilitation staff and administrators. These interviews (presented in Appendix B) were designed to elicit from staff, administrators and clients those elements of the program which they felt were most effective in meeting the goals of vocational rehabilitation of clients. In addition, at the end of the interview, the Goal Attainment Scale was administered to each respondent (included in Appendix C). For the most part, interview time for each respondent did not exceed one hour. Field studies generally required approximately two weeks to complete. Individual client interviews were conducted in a private office provided by the program. First, the interviewer explained the purpose of the interview to clients. The interviewer then read the contents of a release form aloud to clients while they read along silently. The interviewer asked clients to explain the purpose of the interview so that she could be certain that clients understood to what they had agreed. After clients had signed the release form, the interviewer read the introduction of the client interview aloud. During the interview, clients were given a blank copy of the questions which they could read while the interviewer asked each question. Responses were recorded by the interviewer. For Question #3 of the client interview (see Appendix B), the interviewer spread 12 white, unlined 4" x 6" index cards on a flat surface in front of the client. On each of these cards was printed one of the goals listed in this question. Clients were asked to arrange these cards first in the order of importance to them. After that task had been completed, they were asked to arrange them in the order in which they felt they were receiving help from their program. After all of the interview questions had been administered, the Goal Attainment Scale was administered to the client.

Staff and administration interviews were also conducted individually and privately. The interviewer read the introduction to the staff or administrators' interview aloud while the respondent had a copy of the interview. Staff and administrators responded verbally to questions; their answers were recorded by the interviewer. At the end of each interview, the Goal Attainment Scale (see Appendix C) was administered.

Expert Review

An expert review was conducted for a period of two days at each program and occurred within two weeks after the field visit had been concluded. The expert review was conducted by three consultants -- Dr. William Bingham of Rutgers University, Dr. Edwin Herr of Penn State University and Dr. Thomas Hilton of the Educational Testing Service. (For their vitae, see Appendix D). So that the consultants would be aware of the primary features of each program, the principal evaluator prepared a preliminary analysis of the interview and the Goal Attainment Scale data for each program prior to the expert review. In addition, the final meeting of each expert review was tape-recorded, and a transcript was prepared and distributed to the consultants in order to maintain continuity between their site visits.

Description of Program

The three programs included in this study were:

(1) Habilitation Services (The Club), a psychosocial program located within the confines of the Community Mental Health Center of Rutgers Medical School in Piscataway, New Jersey.

(2) North Jersey Friendship House, Inc. (Friendship House), a psychosocial program which includes a sheltered workshop and which is located in Hackensack, New Jersey.

(3) Jewish Vocational Services (JVS) a rehabilitation facility located in East Orange, New Jersey.

The Club. The first field visit of the evaluation study was conducted at the Club. The Club was established in March 1973 as a psychosocial program designed "(a) to provide a safe and nonthreatening place for psychiatrically disabled clients to participate in helping other clients and the program; (b) to develop advocacy relationships between staff and clients as well as client and client; and (c) to provide a wide variety of prevocational, vocational, residential, social, recreational and educational opportunities for members to participate and grow to their highest level of functioning." (See detailed description of the Club in Appendix E.) According to the Pre-Visit Questionnaire, the Club admits as members severely psychiatrically disabled people who have experienced frequent and/or long hospitalizations, poor vocational adjustment, and are often socially isolated. Generally,

the clients who are admitted to the Club have been diagnosed as schizophrenic (approximately 80-90%). The minimum age for a member is 18. Clients whose main problems have been alcholism or drug abuse, those who suffer from epilepsy, and those who have a history of violent behavior towards others are not admitted to the Club. The minimum criteria for continued active membership is one visit per month. According to the pre-visit questionnaire, 168 clients were active in the Club; the average daily census was 91. The philosophical and theoretical basis for the design of the activities in the Club are presented in three papers (see Appendix F). These papers were written by the founder and former director of the Club, Julius Lanoil.

Field Study at the Club. Twenty-two staff and two administrators were interviewed at the Club between February 9, 1981 and February 15, 1981; in addition, twenty members of the Club were interviewed between February 16, 1981 and February 19, 1981. The client sample represented more than 20% of the daily Club census and the staff sample included all staff with the exception of two who were on vacation. Forty-one names were randomly selected from the most recent (January 1981) list of active members. From this list, it was possible to arrange interviews with 16 members; of that group two were unable to complete the interview. Members who were interviewed most likely represent those members who attend the Club more frequently.

Expert Review of the Club. During the period of February 26 - 27, 1981, the expert review at the Club was conducted by the three consultants associated with this study. During that two day period, the consultants were given preliminary analysis of the interview data which had been prepared by the principal evaluator. The consultants visited the pre-vocational areas at the Club and transitional employment sites. The consultants also met with Club administrators, staff and clients. At the end of the visit, the consultants met and discussed their findings. Their comments were tape-recorded and transcribed. Transcripts of this meeting was then forwarded to all of the consultants prior to their next meeting.

Friendship House. The second field study of the evaluation study was conducted at Friendship House. Friendship House has been serving psychiatrically disabled clients for over 15 years. According to the Pre-Visit Questionnaire, the main goals of the program are to help clients (a) to achieve a maximum level of independent functioning in the community; (b) to develop vocational skills necessary to succeed at employment in the community and (c) to provide a comprehensive network of support services necessary for maintaining maximum stability of the chronically mentally ill. Friendship House admits as members those clients who are primarily suffering from a psychiatric disability, whose level of functioning is appropriate for rehabilitation services and who appear to have some motivation to work. Friendship House excludes those with diagnoses of mental retardation, alcoholism or drug addiction, those who are too acutely ill, those who appear to have poor motivation

or those whose nontaxable income is too vulnerable to the impact of the income from working in the program. While Friendship House is classified as a psychosocial program, its sheltered workshop occupies a major portion of the physical space of the building and nearly all of the clients spend at least a portion of their day in the sheltered workshop. According to their Pre-Visit Questionnaire, 170 clients are active in Friendship House. The daily census averages 105. All of the members of Friendship House can be classified as psychiatrically disabled, and 80% to 90% of the members can be classified as schizophrenic. Further descriptive materials about Friendship House are provided in Appendix G. A discussion of the philosophy of the sheltered workshop and its importance to the rehabilitation of schizophrenic persons are presented in a paper written by the director of Friendship House, Dr. Donald Springer (see Appendix H).

Field Study at Friendship House. Two administrators, twenty-three staff and twenty clients were interviewed using the structured interviews (see Appendix B) between March 2, 1981 and March 12, 1981. The client sample represented approximately 20% of the usual daily census at Friendship House. A random sample of 39 client names were drawn from the sign-in sheet from the previous week. From this list, eleven clients were recruited for interviews; one of these clients was unable to complete the interview. The remaining ten clients were selected, with the assistance of staff members, from those clients who were working either in the workshop or attending psychosocial groups. Therefore, it was not possible to arrange interviews with a sample that was entirely selected at random, and it is likely that the client sample overrepresents clients who are present in the workship each day.

Expert Review of Friendship House. The consultants identified above visited Friendship House during the period of March 30-31, 1981. Similar to the visit at the Club, consultants had opportunities to meet with administrators, staff and clients. In addition, they toured and reviewed the prevocational areas and visited transitional employment sites. Similar to the visit to the Club, a report of a preliminary analysis of the interview data had been prepared for the consultants by the principal evaluator. At the end of this visit, the consultants met to discuss their perceptions. Once again the remarks recorded during this meeting were transcribed, and copies of the transcript were sent to each consultant.

Jewish Vocational Service (JVS). The third field study was conducted at the Jewish Vocational Service (JVS). JVS has offered vocational services since 1939; these services were extended to the handicapped in 1957. Within JVS there are distinct services offered to several different groups. One prominent portion of JVS is concerned with resettling immigrants. Another major portion of the program offers vocational services to the elderly. This program services clients who are older than 55; this part of the program also included those who are psychiatrically disabled. The primary services offered to rehabilitation clients at JVS are vocational evaluation and employment in the sheltered workshop. According to the Pre-Visit Questionnaire, the vocational services at JVS are available to individuals age 16 and older who are

too disabled to find or sustain employment. Most clients in the rehabilitation program served by JVS are psychiatrically disabled, and their diagnoses vary from character neurosis to chronic schizophrenia. They also serve individuals suffering from neurological disabilities, mild retardation, mild orthopedic disabilities, learning disabilities, post-cardiac conditions, post CVA conditions or maladies of the aging. Clients are denied admission to the program if (1) their primary need is psychosocial rather than vocational; (2) their condition is not controlled either by therapy or medication; or (3) they do not have a medical or psychiatric treatment resource. According to the Pre-Visit Questionnaire, 124 clients were involved with the rehabilitation program; the average daily census was 85. The estimate of psychiatrically disabled clients was 80% of the total population; of these 90% were estimated to be schizophrenic.

Additional descriptive materials about JVS are presented in Appendix I. A research study conducted at JVS and a paper authored by Mr. Joseph Weinberg the Executive Director of JVS, provide some information about the philosophy of rehabilitation at JVS (see Appendix J).

Field Study at JVS. At JVS, two administrators, twenty staff and eighteen clients were interviewed using the structured interviews and the Goal Attainment Scale between April 1, 1981 and April 14, 1981. Of the eighteen clients who were interviewed, twelve had been diagnosed as schizophrenic (most as Chronic Undifferentiated Type); four had the following diagnoses — schizophrenic personality disturbance, depressive reaction, schizoid reaction and depressive neurosis. There was no available diagnosis for the remaining two clients. Fifteen of these clients were working in the workshop at the time of the interviews. Two of the clients who were interviewed had been placed in permanent jobs outside of JVS and were presently employed. The staff recruited clients who had a schizophrenic or severe psychiatric disability and were available for the interview.

Expert Review of JVS. The expert review of JVS was conducted during the period April 29-30, 1981. The principal evaluator had once again prepared a preliminary report about the interview data collected at JVS to help orient the consultants to JVS. Consultants met with administrators, staff and clients and had the opportunity to tour the workshop and evaluation facilities at JVS. At the end of this visit, the consultants met to discuss their findings. These remarks were recorded and transcribed; copies were sent to the consultants. In addition, the consultants met with the entire JVS staff at the end of this visit to provide a preliminary informal internal report.

C. RESULTS

Description of Client Sample

A total of 59 clients were interviewed as a part of this study. As indicated above, 21 of those clients were members of the Club, 20 were clients of Friendship House and 18 were clients at JVS. Based on archival data, it was estimated that 90% of the clients interviewed were schizophrenic. All clients interviewed were severely and chronically psychiatrically disabled.

Demographic data. Of the clients interviewed for this study, 53 (89.8%) were white, and 5 (8.5%) were black. One client refused to indicate his racial/ethnic group. In regard to sex, 28 (47.5%) of the clients who were interviewed were male and 31 (52.2%) were female.

Table 1 illustrates the distribution of the client population by age. As this table indicates, clients seem to be fairly evenly distributed between the ages of 18 and 60. The mean age of these clients was 37.5; the median age was 35.

Level of education. The distribution of the clients' level of education is presented in Table 2. According to this table, 24 (40.7%) of the clients interviewed did not graduate from high school. More than 30% of the client sample had some education beyond high school.

Previous psychiatric hospitalizations. The distribution of the number of times clients had been hospitalized due to mental illness at the time they were interviewed is presented in Table 3. Nearly one-third (30.5%) of the clients interviewed had either never been hospitalized or had been hospitalized once. Nearly half of the clients interviewed (47.5%) had been hospitalized twice or less. More than half the clients interviewed had been hospitalized three times or more.

An analysis of variance procedure was employed to determine whether clients in the three programs differed in terms of their numbers of previous hospitalizations. The results are presented in Table 4. The results of the analysis indicated that, despite apparent differences among the mean number of hospitalizations for the three programs ($\bar{X}$ JVS = 2.8; $\bar{X}$ FH = 5.9; $\bar{X}$ CLUB = 4.0), there were no significant differences among the clients interviewed at these three programs in terms of the number of times they had been hospitalized. ($F(2,56) = 1.95$, $p < .15$).

Medication. Clients were also asked whether they were taking psychotropic medication at the time they were interviewed; the results are presented in Table 5. As clearly indicated by this table, 91.5% of the clients were taking medication at the time they were interviewed.

Sources of income. The distribution of the sources of income of the clients who were interviewed for this study is presented in Table 6. According to this information, over half (33 clients who represent 55.9% of the sample) of the clients interviewed were receiving their income from social security income. Fifty-three clients (89.8%)

Table 1: Frequency Distribution of Client Sample by Age (n = 59)

AGE RANGE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
18 - 22	7	11.9%
23 - 26	7	11.9%
27 - 32	9	15.3%
33 - 36	8	13.6%
37 - 42	8	13.6%
43 - 47	4	6.8%
51 - 55	8	13.6%
56 - 61	5	8.5%
66 and older	2	3.4%
Refused to answer	1	1.4%
Total	59	100.0%

Table 2: Frequency Distribution of Client Response to Question #25: Level of Education of Clients (n = 59)

LEVEL OF EDUCATION	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
8th grade or less	9	15.3%
Some high school	15	25.4%
High school graduate	17	28.8%
High school graduate plus technical training	6	10.2%
Some college	8	13.6%
College graduate	4	6.7%
Total	59	100.0%

Table 3: Frequency Distribution of Client Response to Question #18: Number of Times Clients Have Been Hospitalized (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
5 - 8 hospitalizations	15	25.4%.
One hospitalization	14	23.7%
3 or 4 hospitalizations	11	18.6%
2 hospitalizations	10	16.9%
9 or more hospitalizations	5	8.6%
Never hospitalized	4	6.8%
Total	59	100.0%

Table 4: Analysis of Variance of the Number of Hospitalizations for Each Client by Program

Source	df	SS	MS	F	p
Program	2	94.238	47.119	1.95	0.152
Error	56	1353.863	24.176		
Total	58	1448.101			

Table 5: Frequency Distribution of Client Response to Question #17a: Whether or not Clients are Presently on Medication (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	54	91.5%
No	5	8.5%
Total	59	100.0%

Table 6: Frequency Distribution of Client Response to Question #19: Clients' Sources of Income (n = 59)

CLIENTS' SOURCE OF INCOME	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Social Security Disability	19	32.2%
Supplemental Security Income	14	23.7%
Clients' family	10	16.9%
Other disability insurance	5	8.5%
Welfare	5	8.5%
Clients' own income	3	5.1%
Other source of income	2	3.4%
Refused to answer	1	1.7%
Total	59	100.0%

who were interviewed indicated that they were dependent on some sort of unearned income which is provided by government sources. For the purposes of this study, unearned income will be referred to as "disability benefits".

Involvement with program. Clients were asked how long they had been involved with their respective programs at the time of the interview. The results are presented in Table 7. Over two-thirds of the clients (43 clients representing 72.9% of the sample) had been involved with their respective program less than two years.

Clients were also asked how often they attended the program each week. As Table 8 indicates, nearly two-thirds of the clients indicated that they attend their respective programs five days a wek. Most of the remaining clients (30.5%) attended either three or four days a week.

Clients were also asked who or what agency referred them to the program. A distribution of these responses is presented in Table 9. Approximately half of the clients interviewed (30 clients representing 50.8% of the sample) indicated that they had been referred by either a medical or mental health source (hospital, private doctor or mental health center). Seventeen percent of the clients either referred themselves or were referred by a relative or friend. The remaining clients were referred by other agencies. Only a small portion (3 clients) of the clients indicated that they had been referred from another vocational rehabilitation program.

Employment history. Clients were asked the types of employment they had held prior to their involvement with the program, and the amount of time they had been employed. Table 10 presents the distribution of types of jobs held longest by clients prior to their involvement with the program. The general classification system utilized by the Dictionary of Occupational Titles (D.O.T.) was used to classify occupations. As the table clearly indicated, most of the clients (60.9%) had been employed in either industrial production, service occupations or office occupations. Almost 14% of the clients interviewed had no previous employment.

Table 11 presents the frequency distribution of clients' longest period of employment prior to their involvement with their respective programs. The largest portion of these clients (61%) had been employed no more than five years prior to their involvement with the program. The mean length of employment for clients prior to their involvement with the program was 4.5 years. The median length of the longest employment prior to involvement with the program was 3.5 years.

An analysis of variance was employed to determine whether there were differences among the clients in the three programs in terms of the length of their longest periods of employment prior to their involvement with the program. This analysis is presented in Table 12. The means for the three programs were: the Club $\bar{X}$ = 5.4 years; JVS $\bar{X}$ = 4.9 years; and Friendship House $\bar{X}$ = 3.4 years. Once again, while there were apparent differences among the means for the three programs, the

Table 7: Frequency Distribution of Clients by Number of Years Spent in Program at Time of Interview (n = 59)

NUMBER OF YEARS SPENT IN PROGRAM	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Less than one year	22	37.3%
One to two years	21	35.6%
Two years to five years	7	11.9%
Five to twelve years	9	15.2%
Total	59	100.0%

Table 8: Frequency Distribution of Clients by Number of Days Per Week Spent in Programs (n = 59)

NUMBER OF DAYS PER WEEK SPENT IN PROGRAM	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Five	39	66.1%
Three	12	20.3%
Four	6	10.2%
One	2	3.4%
Total	59	100.0%

Table 9: Frequency Distribution of Clients by Referral Source

(n = 59)

REFERRAL SOURCE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Hospital	13	22.0%
Private doctor or psychotherapist	9	15.3%
Division of Vocational Rehabilitation	9	15.2%
Mental Health Center	8	13.5%
Self-referral	7	11.9%
Other Agency	5	8.5%
Other Vocational Rehabilitation Program	3	5.1%
Relative or friend	3	5.1%
No response	2	3.4%
Total	59	100.0%

Table 10: Frequency Distribution of Clients' Longest Held Job Prior to Involvement with the Program (n = 59)

TYPE OF EMPLOYMENT	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Industrial production and related occupations	15	25.4%
Service occupations	11	18.6%
Office occupations	10	16.9%
Sales occupations	4	6.8%
Education and related occupations	2	3.4%
Scientific and technical occupations	2	3.4%
Mechanics and repairers	2	3.4%
Health occupations	2	3.4%
Art, design and communications - related occupations	1	1.7%
No previous employment	8	13.6%
No answer	2	3.4%
Total	59	100.0%

Table 11: Frequency Distribution of Clients' Longest Periods of Employment Prior to Involvement with Program (n = 59)

LENGTH OF EMPLOYMENT	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Less than 6 months	6	10.2%
6 months to one year	10	16.9%
One to two years	7	11.9%
Two to five years	13	22.0%
Five to ten years	3	5.1%
Ten to twenty years	6	10.2%
More than twenty years	1	1.7%
No previous employment	8	13.6%
No answer/don't know	5	8.4%
Total	59	100.0%

Table 12: Analysis of Variance of Clients' Longest Period of Employment by Program

Source	df	SS	MS	F	p
Program	2	3387.8	1693.9	0.52	0.599
Error	43	140571.5	3269.1		
Total	45	143959.3			

Analysis of Variance did not reveal significant differences amont these means (F (2,43) = 0.52, p < .599).

Table 13 presents the frequency distribution of the number of jobs clients held prior to their involvement with their respective programs. Nearly half of the clients held one to three jobs, and over three-fourths of the clients interviewed had hald between one and six jobs prior to their involvement with the program. Clients held a mean number of 3.1 jobs before they were involved with programs.

An analysis of variance procedure was utilized to determine whether there were significant differences among the clients who were interviewed at the three programs in terms of the number of jobs they had held prior to their involvement with their respective programs. The results are presented in Table 14. There were apparent differences among the mean number of jobs held by clients interviewed at each program: $\bar{X}$ Club = 3.9, $\bar{X}$ JVS = 3.2, $\bar{X}$ Friendship House = 2.4. However, the analysis of variance indicated that the differences among these means were not significant (F (2,55) = 1.87, p < .064).

Summary. The clients who were interviewed for this study were predominantly white, and are fairly evenly split between males and females. In terms of formal education, most of the clients have a high school diploma or less. Nearly all of the clients are taking some form of psychotropic medication; most have been hospitalized at least once and more than half have been hospitalized 3 or more times. A large majority of the clients are dependent on disability benefits. Most of the clients interviewed had been involved with their programs less than two years, and most attended the program five days a week. Most clients had been referred to their programs by a medical or mental health source. Prior to their involvement with the program, most clients had been employed in either industrial production, service occupations or office occupations. Prior to their involvement with the program, the longest job held by a majority of the clients had been less than five years. Prior to program involvement nearly half of the clients had held one to three jobs. There were no significan differences among the means of the client samples at the three programs for three variables -- the number of hospitalizations, the longest period of employment prior to program involvement and the number of jobs clients held prior to their involvement with the program. This suggested that the populations at the three programs were comparable.

Description of Staff

A total of 71 staff members were interviewed for this study. As indicated above, 24 were from the Club, 25 from Friendship House and 22 from JVS. Twenty-three (32.4%) of these staff were male, and 48 (67.6%) female. Sixty-three (88.7%) were white, six (8.6%) were black, one (1.4%) Asian, and one (1.4%) did not specify a racial/ethnic group. Table 15 presents

Table 13: Frequency Distribution of Clients' Number of Jobs Prior to their Involvement with the Program (n = 59)

NUMBER OF JOBS	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
No prior employment	8	13.6%
One to three jobs	29	49.2%
Four to six jobs	16	27.1%
Eight to ten jobs	5	8.5%
No answer/don't know	1	1.6%
Total	59	100.0%

Table 14: Analysis of Variance of the Number of Jobs Clients Held Prior to their Involvement with the Program by Program

Source	df	SS	MS	F	p
Program	2	22.555	11.278	1.87	0.064
Error	55	331.600	6.029		
Total	57	354.155			

Table 15: Frequency Distribution of the Official Titles of the Staff (n = 71)

TITLE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Counselor	25	35.2%
Supervisor	8	11.3%
Aide	7	9.9%
Clerical Staff	6	8.5%
Production Staff	5	7.0%
Director	3	4.2%
Job Placement Specialist	3	4.2%
Residential Staff	3	4.2%
Intern	3	4.2%
Associate or Associate Director	2	2.8%
Subcontract Specialist	1	1.4%
Other	5	7.1%
Total	71	100.0%

the distribution of the staff by their official titles in the program. The largest group of staff interviewed are counselors (35.2%).

The distribution of the type of training staff had received is presented in Table 16. Training includes both education and work experience. Nearly half of the staff had had previous related work experience. A third of the staff who were interviewed had at least baccalaureate degrees in an area related to the mental health or rehabilitation areas, and over one-third (36.6%) had masters degrees in similar areas. However, nearly one-fifth of the staff (19.7%) indicated that their previous work experience had been unrelated to their present jobs. In summary, the staff were largely white, more than half female, and many (at least one-third) had had a substantive amount of education in an area related to the work they were doing in the rehabilitation programs.

Motivation

The first question concerned with motivation asked clients why they decided to become involved with the rehabilitation program. The frequency distribution for the reasons clients gave about their reasons for participation in the programs is presented in Table 17. Clients most frequently (21.89% of the responses) indicated that participation in the program was the best alternative available to them. Clients often indicated that the alternative to attendance in the program was to stay home all day and either be alone or be involved with other ex-mental patients who also had little to do. The next most frequent response (19.2%) was that clients involved themselves with the program to improve their mental health. Other frequent responses (15.4% each) were "to work" and "to be involved with a "good program" (i.e. one that the client believed to be good). Clients were also asked if the program motivated them to be involved in program activities. The results are presented in Table 18. While a majority (81.4%) of the clients indicated that the program staff does motivate them to be involved in program activities, 10.1% did not answer this question. Clients were also asked how staff had motivated them to be involved in program activities. The results are presented in Table 19. The most frequent response (22.2% of the responses) referred to the attractiveness of staff and clients' relationship to staff. The second and third most frequent responses (19% and 17.5% respectively) refer to the attractiveness of the activities or the opportunity to be active offered by programs. The least frequent responses -- that the program activities were either viable steps towards competitive employment or that they instilled the confidence to work -- were the only ones linked to future employment, and each comprised only 9.5% of the responses.

Staff were also asked whether it was important to them to motivate clients to be involved in program activities. The results are displayed in Table 20. It is clear that a majority of the staff (87.3%) feel that it is important to motivate clients to be involved in program activities. This corresponds fairly closely to the proportion of the client sample (81.4%) who feel that staff motivate them to be involved. In fact,

Table 16: Frequency Distribution of Training Staff have Obtained for their Present Jobs* (n = 71)

TYPE OF TRAINING	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Previous related work experience	33	46.5%
Masters degree in rehabilitation counseling, psychology, counseling, social work or other related field	26	36.6%
Baccalaureate degree in psychology, social work or other related field	24	33.8%
Previous unrelated work experience	14	19.7%
On-the-job training	13	18.3%
Internship or volunteer work in same or similar setting	12	16.9%
Clerical training or work experience	10	14.1%
B.A. degree in education	10	14.1%
B.A. degree in unrelated field	8	11.3%
College courses in related field	7	9.9%
Additional professional (non-degree) training	6	8.5%
Post-baccalaureate training in related field	5	7.0%
Doctoral work in related field	4	5.6%
Other	10	14.1%
Total	182	--

* Each staff member could provide up to four responses to this question.

Table 17: Frequency Distribution of Client Responses to Question #2c*: Reasons for Participation in Programs (n = 78)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Best way in which they could spend their time given the alternatives (no job, being home alone)	17	21.8%
To improve their mental health	15	19.2%
To work	12	15.4%
To be involved with a good program	12	15.4%
To prepare for competitive employment	9	11.5%
To improve social functioning	7	9.0%
Other responses	6	7.7%
Total	78	100.0%

* Each client could provide up to three responses to this question.

Table 18: Frequency Distribution of Client Response to Question #15a: Whether Clients Think that the Program Staff have Motivated Clients to be Involved in Program Activities (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	48	81.4%
No	5	8.5%
No answer/don't know	6	10.1%
Total	59	100.0%

Table 19: Frequency Distribution of Client Response to Question #15b*: What Clients Think has Motivated Them to be Involved in Program Activities (n = 63)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Staff are "nice" and encourage clients to be involved	14	22.2%
The program activities are attractive and interesting to clients	12	19.0%
Client has the opportunity to be active and to do things in the program	11	17.5%
The program offers clients the opportunity to be involved with people	8	12.7%
The payment clients receive for working in the program	6	9.5%
The activities in the program are viable steps towards competitive employment	6	9.5%
The program builds clients' self-confidence about work	6	9.6%
Total	63	100.0%

* Each client could provide up to three responses to this question.

Table 20: Frequency Distribution of Staff Response to Question #11a: Do Staff Think that it is Important to Motivate Clients to be Involved in Program Activities (n = 71)

IS IT IMPORTANT TO STAFF TO MOTIVATE CLIENTS TO BE INVOLVED IN PROGRAM ACTIVITIES	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	62	87.3%
No	4	5.6%
Sometimes	2	2.8%
No answer/don't know	3	4.3%
Total	71	100.0%

chi-square analysis reveals no significant difference in the distribution of client and staff responses to questions regarding whether staff motivate clients to be involved with program ($\chi^2(1) = 0.48$, n.s.).

Staff were also asked how they motivate clients to be involved with program activities. The results are presented in Table 21. It is clear from this table that staff emphasize their impact on clients a great deal; 50 of the responses (35.7%) indicated that the staff's positive and encouraging attitude towards clients was a major motivating force for clients to be involved in program activities. The second most frequent response was related to the relationship between the activities in the program and progress towards competitive employment; 25 responses (17.9%) indicated that this was an important motivator for clients.

Another way in which this study attempted to determine how clients' motivation is affected by the program was to ask staff how they responded when clients met their responsibilities to the program. The results are presented in Table 22. It is clear from this table that staff very frequently indicated that the major reinforcement they gave to clients was their own positive, reinforcing responses. Staff indicated this response 75 times (52.8%) of total responses to this question. The next most frequent responses were mentioned far less frequently: (1) communicating to clients that they are making important steps towards competitive employment (9.9%), (2) clients' receiving better pay.(9.2%), and no reaction from staff when clients meet their responsibilities (9.2%).

Clients were also asked how they were rewarded for successfully meeting their responsibilities to the program. The results are presented in Table 23. It is clear from this table that the higher frequency responses were better pay (21.6%) and increase in self-esteem (19.6%) from successfully meeting their responsibilities to the program. Clients indicated positive staff reaction as a reinforcer relatively less frequently than staff.

Staff were also asked how they responded to clients when they failed to meet their responsibilities. The results are presented in Table 24. The three most frequent responses to this question were (1) that the staff investigate the situation (34.8% of the responses), (2) the staff react negatively to the clients (27.2%), and (3) the staff increase their support of clients to help them meet their responsibility (18.4%).

Clients were also asked what consequences they expected when they failed to meet their responsibilities. The results are presented in Table 25. The two most frequent client responses to this question were (1) a negative reaction from the staff (19.5%) and (2) suspension or expulsion from the program (17.2%). The two responses -- that the client never considers not meeting the responsibility and that the staff investigates the situation -- comprised 11.5% of the responses each. It appears that the more important motivators were the knowledge that there were staff members from whom they could receive positive attention and that the program offered activities which were attractive and interesting. It was only when clients indicated the rewards they expect for successfully meeting their responsibilities that clients indicated that pay was an important motivator; however, self-esteem was cited almost equally often.

Table 21: Staff Responses to Question #11b*: How do Staff Motivate Clients to be Involved in Program Activities (n = 140)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Staff are "nice" and encourage clients to be involved	50	35.7%
The activities in the program are viable steps towards competitive employment	25	17.9%
Activities are attractive and interesting to clients	14	10.0%
Staff try to identify reinforcers which have a unique and effective impact for each client	13	9.3%
Payment clients receive for working in the program	12	8.6%
Counseling	9	6.4%
Clients come to program because they want to work	6	4.3%
Client can be active and do things in the program	2	1.4%
Other	9	6.4%
Total	140	100.0%

* Staff could provide up to three responses to this question.

Table 22: Frequency Distribution of Staff Response to Question #5*: Staff Reaction to Clients' Success in Meeting Their Responsibilities to the Program (n = 142)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Positive, reinforcing response from staff	75	52.8%
Staff communicate to clients that they are making important steps in their progress towards competitive employment	14	9.9%
Better pay and/or a better job	13	9.2%
No reaction from staff	13	9.2%
Staff help clients set new, more ambitious goals for clients	10	7.0%
Clients' self-esteem is enhanced	8	5.6%
Staff publicize clients' accomplishments	2	1.4%
Other	7	4.9%
Total	142	100.0%

* Each staff member could provide up to three responses to this question.

Table 23: Frequency Distribution of Client Response to Question #6*: What Clients Cite as the Rewards They Receive for Successfully Meeting Their Responsibilities to the Program (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Better pay	21	21.6%
Increase in clients' self-esteem	19	19.6%
Positive, reinforcing response from staff	13	13.4%
Improves clients' level of functioning	12	12.4%
Clients get along better with others and thereby improve their social life	12	12.4%
Clients make progress towards competitive employment	7	7.2%
No reward	7	7.2%
Clients are allowed to remain in program	3	3.1%
Other	3	3.1%
Total	97	---

* Each client could provide up to three responses to this question.

Table 24: Frequency Distribution of Staff Response to Question #5*: Staff Reaction to Clients' Failure to Meet their Responsibilities to the Program (n = 158)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Staff investigates situation	55	34.8%
Negative reaction from staff	43	27.2%
Staff increases their support of clients to help them meet their responsibility	29	18.4%
Staff reassesses clients' goals and may change those goals	11	7.0%
Staff suspend or expel clients from the program	7	4.4%
No negative consequence for clients	2	1.3%
Decrement in money from work in program	2	1.3%
Client suffers deficit in self-esteem	1	.6%
Other	8	5.0%
Total	158	100.0%

* Each staff member could provide up to three responses to this question.

Table 25: Frequency Distribution of Client Responses to Question #6*: Those Consequences Clients Expect for Their Failure to Meet their Responsibilities in Programs (n = 87)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Negative reaction from staff	17	19.5%
Suspension or expulsion from program	15	17.2%
Client never considers not meeting responsibility	10	11.5%
Staff investigates situation	10	11.5%
No negative consequence	9	10.3%
Decrease in money from work in program	9	10.3%
Increase in negative feelings about self	6	6.9%
Other	11	12.8%
Total	87	100.0%

* Each client could provide up to three responses to this question.

Because it was expected that the motivation of psychiatrically disabled clients to work would be negatively affected by a fear that they will lose disability benefits (Gunn, 1975), clients in this study were asked how their disability benefits have been affected by working or how they think the benefits would be affected if they worked. The results are presented in Table 26. As indicated in this table, 39% of the clients had not experienced a decrease in benefits due to paid work. 20.3% of the clients anticipated they would lose money if they accepted paid work and 8.5% actually lost some disability benefits due to salary from work.

Summary. It appears that clients can have three main reasons for becoming involved with rehabilitation programs -- to work, to improve their mental health, or to have something to do. Generally, staff and clients agree that the program is motivating clients to be involved in activities. Both clients and staff often indicated that the relationship between staff and clients was an important motivator for clients to continue their involvement in the program. Staff, however, emphasized the link between activities in the program and future competitive employment while clients were more likely to indicate the attractiveness of program activities as an important motivator. However, when clients and staff indicated the rewards clients receive from the program for clients' successfully meeting their responsibilities, staff emphasized their positive response to clients, while clients were more likely to mention better pay or an increase in their self-esteem. The differences in client and staff responses may be due to the fact that staff were asked how they respond while clients were asked how the program rewarded them for meeting their responsibilities. When clients failed to meet their responsibilities, they indicated that the responses from the program were negative either in the form of a negative reaction from the staff or exclusion from the program. Staff, on the other hand, more often indicated that they investigated the situation when clients failed to meet their responsibilities. Finally, a number of clients indicated they anticipated their disability benefits would be negatively affected by working, despite the fact that only a small number of clients indicated that this had actually occurred.

Goals

One of the ways in which clients' goals were assessed was by presenting clients with twelve index cards on each of which was printed one of the goals displayed in Figure 1. (See clients' interview Question #3, Appendix B). Clients were asked to arrange the index cards in the order in which the goals were important to them. Figure 2 displays the frequency with which each of these goals was ranked first. It is not surprising that former mental patients ranked "staying out of the hospital" most often (25 clients representing 42.4% of the sample) as their most important goal. While much lower in frequency (13.6% of the sample), "finding and/or keeping a paid job" and "improving your mental health" were next most frequently ranked as important. Table 27 also presents the statistically significant correlations among clients' rankings of these twelve goals in terms of importance to them.

Table 26: Frequency Distribution of Client Response to Question #22: How Clients Disability Benefits have been Affected by Salary from Paid Work (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Clients' disability benefits have not been affected	23	39.0%
Clients anticipate they would get less money from disability benefits	12	20.3%
Clients lost some disability benefits due to salary from work	5	8.5%
Other	3	5.1%
No answer/don't know	16	27.1%
Total	59	100.0%

Figure 2: Relative Frequencies of Goals Which Were Ranked as Most Important by Clients (n = 59)

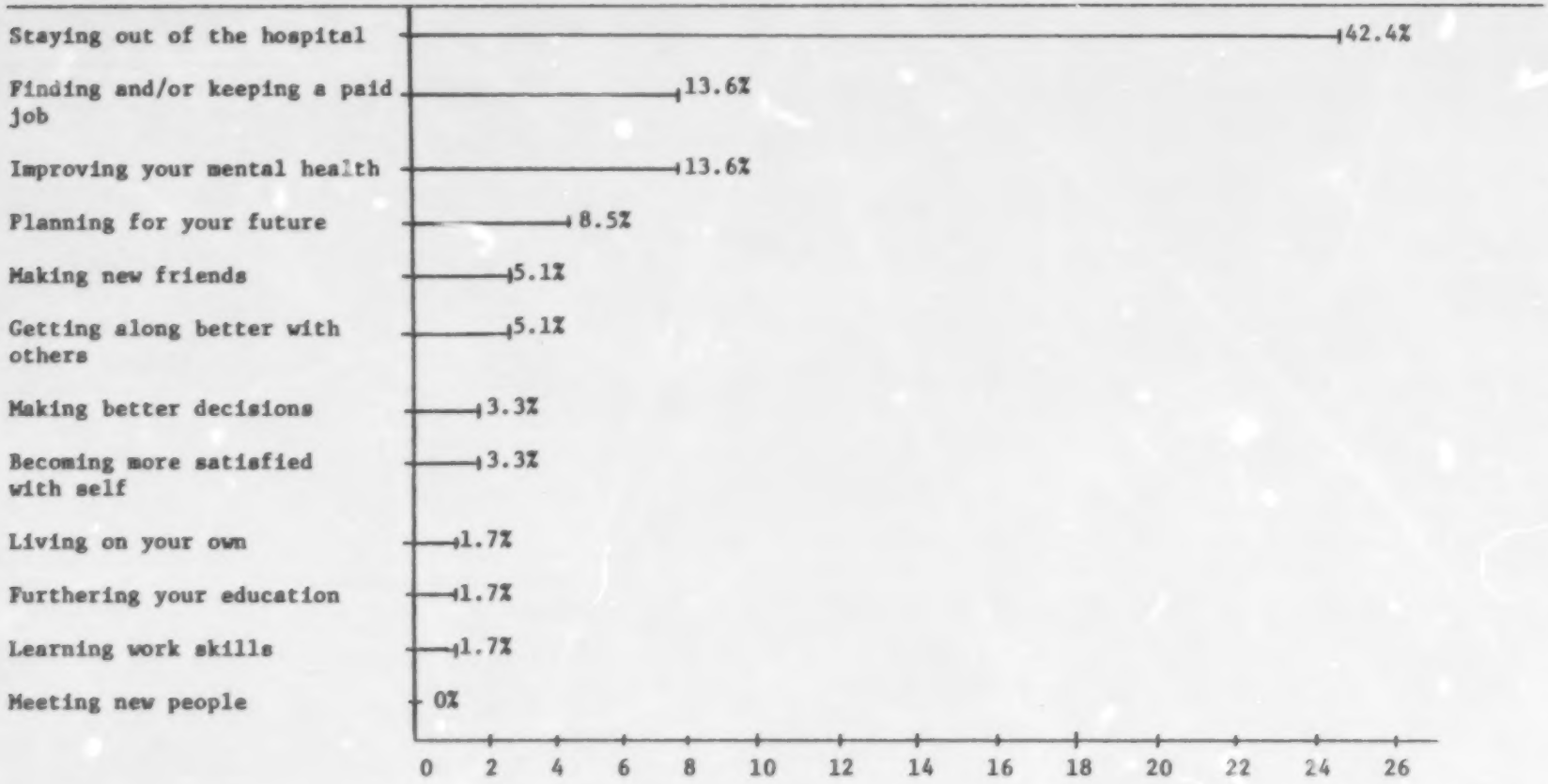


Table 27: Significant ($p < .05$) Kendall Tau B Correlations Among Rankings of Importance of Goals ($n = 59$)

GOALS	n	KENDALL TAU B	p
Getting along better with others vs. living on your own	57	-0.21	0.03
Getting along better with others vs. planning for your future	57	-0.36	0.0003
Meeting new people vs. furthering your education	57	-0.21	0.03
Finding and/or keeping a paid job vs. improving your mental health	56	-0.25	0.01
Getting along better with others with meeting new people	57	0.22	0.03
Getting along better with others with making new friends	57	0.23	0.02
Living on your own with planning for your future	57	0.18	0.05

There are significant negative correlations between "getting along with others" and both "living on your own" and "planning for your future" ($\tau(56) = -0.21$, $p < .03$ and $\tau(56) = -0.36$, $p < .0003$ respectively). "Meeting new people" and "further your education" are negatively correlated ($\tau(56) = -0.21$, $p < .03$) as are "finding and/or keeping a paid job" and "improving your mental health" ($\tau(55) = -0.25$, $p < .01$). On the other hand, "getting along better with others" was positively correlated both with "meeting new people" ($\tau(56) = 0.22$, $p < .03$) and "making new friends" ($\tau(56) = 0.23$, $p < .02$. "living on your own" and "planning for your future" were also positively correlated ($\tau(56) = 0.18$, $p < .05$).

The twelve ranks for each goal were collapsed into three categories -- the upper third ranks (Ranks 1 to 4), the middle third ranks (Ranks 5 to 8), and the lower third ranks (Ranks 9 to 12). The results for the goal "improving your mental health" are presented in Table 28 ($\chi^2(4) = 9.69$, $p < .05$). Based on the distribution of responses presented in Table 25, it appears that clients at the Club tended to rank this goal much higher than clients at Friendship House or JVS. In fact, the median rank for this goal among Club clients was 3 while the median rank for Friendhsip House clients and JVS clients was 5 and 6 respectively.

Table 29 presents the cross-tabulation of the rankings of the goal "learning work skills" by program ($\chi^2(4) = 13.96$, $p < .007$. In this case, it appears that clients at the Club were more likely to rank this goal much lower in importance than the clients at Friendship House and at JVS. An examination of the median rankings by clients of each program presents a similar picture. The median ranking for this goal was 9 for Club clients while the median rankings at Friendship House and JVS were 4 and 5.5 respectively.

Chi-square analysis also produced a significant difference among the rankings of clients at different programs for the goal "making new friends." ($\chi^2(4) = 9.74$, $p < .05$). These results are presented in Table 30. The distribution of responses among the three programs suggests that JVS clients tended to rank this social goal much lower than clients at the Club and Friendship House. A comparison of the median rankings presents a similar impression. The median ranking of JVS clients was 10 for this goal while the median rankings for Friendship House and the Club were 7.5 and 7 respectively.

In addition to ranking the twelve goals presented in Question #3 of the clients' interview, clients were asked to rank these goals for the relative degree to which they were receiving help from the program with them. Figure 3 presents the relative frequencies of the number of clients who ranked each goal as the one with which they were receiving the most help. Similar to the results in Figure 2, clients most often (30.5% of the responses) indicated that they were receiving the most help with "staying out of the hospital." The goal for which clients indicated they were receiving the most help second most frequently was "improving your mental" (15.3%). "Finding and/or keeping a paid job", which was cited as most important by 13.6% of the clients, is

Table 28: Cross-Tabulation of Clients' Rankings of Goals "Improving Your Mental Health" (Question #3) by Program

RANKS	CLUB	FRIENDSHIP HOUSE	JVS	ROW TOTALS
Upper Third	16 (76.2)	8 (42.1)	8 (47.0)	32
Middle Third	2 (9.5)	8 (42.1)	3 (17.7)	13
Lower Third	3 (14.3)	3 (15.8)	6 (35.3)	12
Column Totals	21 (100)	19 (100)	17 (100)	57

$\chi^2(4) = 9.69$, $p < .05$

Note: Column percentages are in parentheses.

Table 29: Cross-Tabulation of Clients' Rankings of the Goal "Learning Work Skills" (Question #3) by Program

RANKS	CLUB	FRIENDSHIP HOUSE	JVS	ROW TOTALS
Upper Third	1 (4.7)	11 (55)	7 (38.9)	19
Middle Third	9 (42.9)	3 (15.0)	7 (38.9)	19
Lower Third	11 (52.4)	6 (30.0)	4 (22.2)	21
Column Totals	21 (100)	20 (100)	18 (100)	59

$\chi^2(4) = 13.96$, $p < .007$

Note: Column percentages are in parentheses.

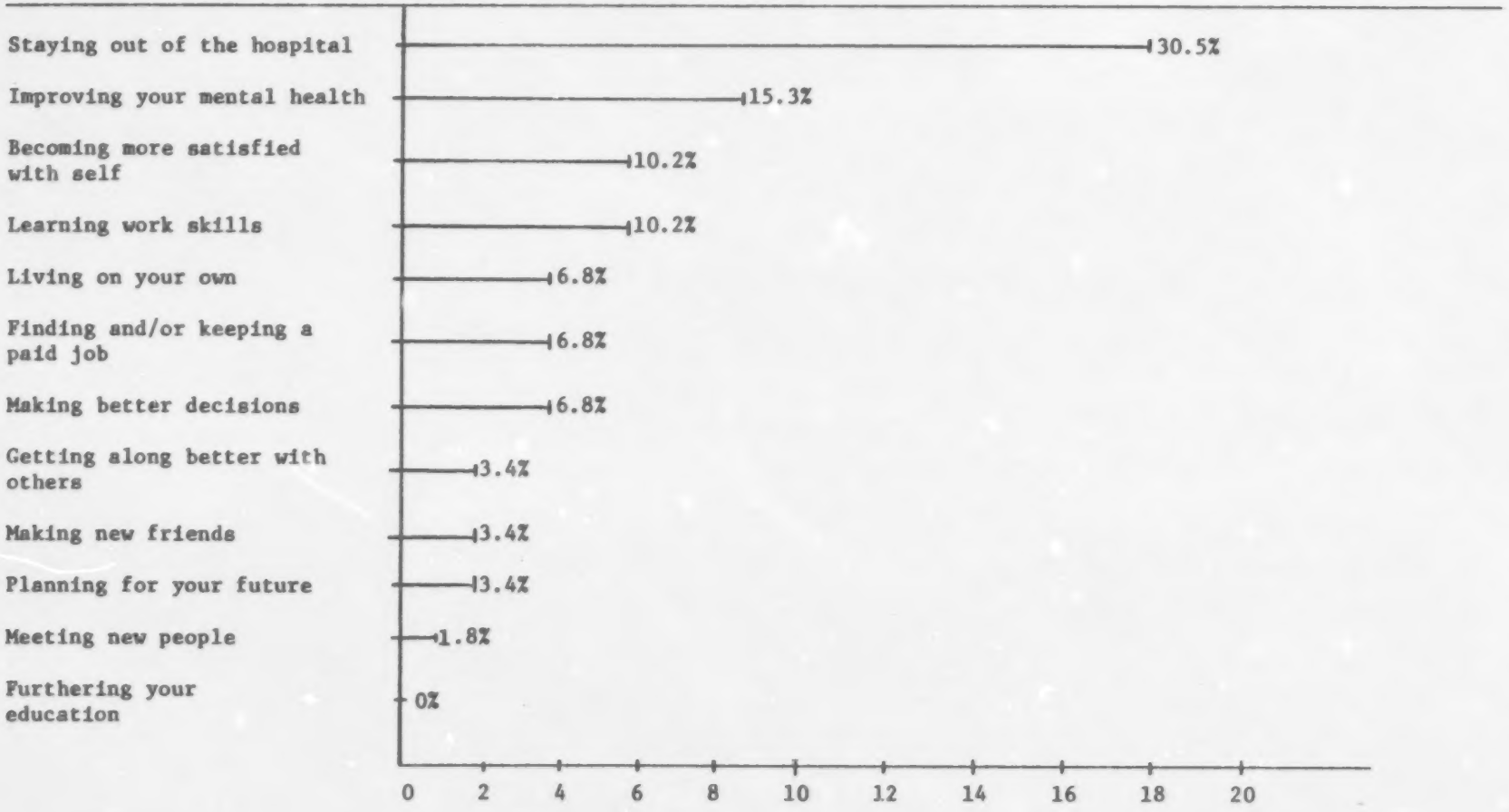
Table 30: χ^2 of Clients' Ranking of the Goal "Making New Friends" (Question #3) by Program

RANKS	CLUB	FRIENDSHIP HOUSE	JVS	ROW TOTALS
Upper Third	7 (33.3)	6 (30.0)	1 (5.9)	14
Middle Third	7 (33.3)	9 (45.0)	4 (23.5)	20
Lower Third	7 (33.3)	5 (25.0)	12 (70.6)	24
Column Totals	21 (100)	20 (100)	17 (100)	58

$\chi^2(4) = 9.74$, $p < .05$

Note: Column percentages are in parentheses.

Figure 3: Relative Frequencies of Goals Ranked by Clients as the Ones With Which They are Receiving the Most Help (n = 59)



Number of clients who ranked goal as the one with which they are receiving the most help.

cited as the goal for which they were receiving the most help by 6.8% of the clients (see Figure 2).

The rankings for the goals for the degree to which clients indicated they were receiving help from the program were analyzed using Kendall Tau B correlations. The significant correlations are presented in Table 31. Negative correlations were generally observed between goals involving mental health or social concerns and goals related to independent living, work skills or education. Positive correlations were found between mental health goals such as "staying out of the hospital" and other mental health goals or social goals. There was also a significant correlation between "living on your own" and "making better decisions" ($r(49) = 0.21$, $p < .05$).

Chi-square analysis was utilized to compare the rankings of the goals for help with the clients' program. Significant chi-square results were obtained for two goals -- "Improving your mental health" ($\chi^2(4) = 10.45$, $p < .04$) and "Help with finding and/or keeping a paid job" ($\chi^2(4) = 10.37$, $p < .04$). The results for the former goal are presented in Table 32. The distribution of responses in this table suggest that Club clients tended to rate this goal as one with which they were receiving the most help to a much greater extent than either the clients at Friendship House or at JVS. An examination of the median rankings presents a similar picture. The median ranking of this goal by clients at the Club was 2 while the median ranking for clients at Friendship House was 4, and the median ranking at JVS was 6.

Table 33 presents the results for the goal "finding and/or keeping a paid job." In this case, it appears that clients at the Club tended to rank this goal as one with which they were receiving less help relative to other goals while clients at Friendship House and JVS tended to rank this goal higher. A comparison of the median ranks for each program indicates that the median rank for clients at the Club was 10 while the median ranks for clients at Friendship House and JVS were 6 and 6.5 respectively.

Thus, client goals and priorities seem to be consistent with the main goals and priorities of programs. Clients who ranked work concerns higher were more likely to be associated with programs in which work activities were the major component (Friendship House and JVS) while clients who ranked social and mental health concerns higher than work concerns would more likely be associated with a psychosocial program (the Club).

An additional method utilized to assess the goals of both clients and staff was the Goal Attainment Scale (see Appendix C). Median responses for each goal were examined; the results indicated that the median response for all eight goals for both staff and clients was the response that each goal was "very important". While the median responses appeared to be similar for both clients and staff, chi-square analysis revelaed differences among the responses of staff and clients for four of the goals weighted by subjects as part of the Goal Attainment Scale: (1) teaches decision-making, (2) teaches social skills, (3) motivates clients and (4) clients assume responsibility.

Table 31: Significant ($p < .05$) Kendall Tau B Correlations Among Clients' Rankings of the Degree to Which They are Being Helped by Their Programs with Goals

GOALS	n	KENDALL TAU B	p
Becoming more satisfied with yourself vs. furthering your education	49	-0.32	0.0032
Becoming more satisfied with yourself vs. learning work skills	51	-0.31	0.0033
Staying out of the hospital vs. living on your own	49	-0.39	0.0003
Getting along better with others vs. living on your own	50	-0.20	0.05
Getting along better with others vs. finding and/or keeping a paid job	52	-0.23	0.03
Getting along better with others vs. making better decisions	52	-0.23	0.03
Finding and/or keeping a paid job vs. making new friends	50	-0.27	0.012
Improving your mental health vs. learning work skills	50	-0.26	0.013
Staying out of the hospital with improving your mental health	53	0.20	0.05
Getting along better with others with meeting new people	52	0.29	0.005
Living on your own with making better decisions	50	0.21	0.05

Table 32: Cross-Tabulations of Clients' Rankings of the Help they get with the Goal "Improving Your Mental Health" by Program

RANKS	CLUB	FRIENDSHIP HOUSE	JVS	ROW TOTALS
Upper Third	14 (70.0)	10 (58.8)	4 (25.0)	28
Middle Third	2 (10.0)	6 (35.3)	8 (50.0)	16
Lower Third	4 (20.0)	1 (5.9)	4 (25.0)	9
Column Totals	20 (100)	17 (100)	16 (100)	53

$\chi^2(4) = 10.45$, $p < .04$

Note: Column percentages are in parentheses.

Table 33: Cross-Tabulations of Clients' Rankings of the Help they get with "Finding and/or Keeping a Paid Job" by Program (n = 53)

RANKS	CLUB	FRIENDSHIP HOUSE	JVS	ROW TOTALS
Upper Third	3 (15)	6 (35.3)	5 (31.3)	14
Middle Third	2 (10)	7 (41.2)	4 (25.0)	13
Lower Third	15 (75)	4 (23.5)	7 (43.7)	26
Column Totals	20 (100)	17 (100)	16 (100)	53

$\chi^2(4) = 10.37$, $p < .04$

Note: Column percentages are in parentheses.

The cross-tabulation of client and staff weights for "teaching decision-making" are presented in Table 34. Chi-square analysis indicated significant differences among the responses of clients and staff ($\chi^2(2) = 7.14$, $p < .03$); the source of this significant result appears to be due to the staff tendency to rate this goal as "very important" while clients were more likely to rate this goal as "somewhat important." The cross-tabulation for client and staff weights for "teaching social skills" is presented in Table 35. The significant chi-square for this analysis ($\chi^2(2) = 13.6$, $p < .001$) was apparently due to a greater tendency on the part of staff to rate this goal as "very important." The cross-tabulation for staff and client weights for the goal "motivating clients" (see Table 36) also produced a significant chi square ($\chi^2(2) = 10.7$, $p < .005$. There was a greater tendency on the part of staff than clients to rate a motivational goal as "very important." Similar results for the goal "clients assume responsibility" ($\chi^2(2) = 14.45$, $p < .0007$ (see Table 37) reflected a greater tendency on the part of the staff than clients to rate this goal as "very important." All in all, these four goals, teaching decision making, teaching social skills, motivating clients and clients assuming responsibility, are somewhat less important to clients than they are to staff.

Clients' weights for the eight goals of the Goal Attainment Scale were also compared in a correlational analysis using Kendall Tau B. The results are presented in Table 38. It appears that goals associated with career maturity -- decision-making, assuming responsibility, career planning skills, job skills, and appropriate work behaviors -- are intercorrelated.

The eight goals included in the Goal Attainment Scale (see Appendix C) were also assessed for the degree to which the program activities addressed each. The median ranks for the eight goals by clients and staff are presented in Table 39. It is apparent from this table that clients and staff agreed that half of the activities in the programs addressed the goals of teaching job skills, teaching career planning skills and teaching decision-making skills. They also agreed that almost all of the activities addressed the goals of teaching social skills and teaching appropriate work behaviors; however, chi-square analysis indicated that client and staff responses differed for these goals. On the other hand, while the median responses for staff and clients appeared to differ for the goals "clients assuming responsibility" and "motivating clients," chi-square analysis revealed no differences in distribution of client and staff responses. Significant differences were observed in the distribution of staff and client responses for the goal "meeting clients' own goals."

For the three goals for which chi-square analysis revealed significant differences, it appeared that the differences were due to a greater tendency on the part of the staff to indicate that almost all of the program activities were meeting the goal. Chi-square analysis indicated significant differences for distribution of clients and staff responses for the goal "teaching appropriate work behaviors" ($\chi^2(2) = 8.65$, $p < .013$; see Table 40), for the goal "teaching social skills" ($\chi^2(2) = 14.32$, $p < .001$, see Table 41), and for the goal "meeting clients' own goals"

Table 34: Cross-Tabulation of Goal Attainment Scale Weights for the Goal of "Teaching Decision-Making by Type of Respondent

WEIGHTS	STAFF	CLIENTS	ROW TOTALS
Not very important	1 (1.4)	3 (5.3)	4
Somewhat important	10 (14.1)	17 (30.4)	27
Very important	60 (84.5)	36 (64.3)	96
Column Totals	71 (100)	56 (100)	127

$\chi^2(2) = 7.14$, $p < .03$

Note: Column percentages are in parentheses.

Table 35: Cross-Tabulation of Goal Attainment Scale Weights for the Goal of "Teaching Social Skills" by Type of Respondent.

WEIGHTS	STAFF	CLIENTS	ROW TOTALS
Not very important	1 (1.4)	4 (6.8)	5
Somewhat important	4 (5.6)	15 (25.4)	19
Very important	66 (93.0)	40 (67.8)	106
Column Totals	71 (100)	59 (100)	130

$\chi^2(2) = 13.6$, $p < .001$

Note: Row percentages are in parentheses.

Table 36: Cross-Tabulation of Goal Attainment Scale Weights for the Goal of "Motivating Clients" by Type of Respondent

WEIGHTS	STAFF	CLIENTS	ROW TOTALS
Not very important	0 (0.0)	2 (3.5)	2
Somewhat important	5 (7.0)	14 (24.6)	19
Very important	66 (93.0)	41 (71.9)	107
Column totals	71 (100)	57 (100)	128

$\chi^2(2) = 10.7$, $p < .005$

Note: Column percentages are in parentheses.

Table 37: Cross-Tabulation of Goal Attainment Scale Weights for the Goal of "Clients Assume Responsibility" by Type of Program

WEIGHTS	STAFF	CLIENTS	ROW TOTALS
Not very important	0 (0.0)	2 (3.5)	2
Somewhat important	3 (4.2)	14 (24.6)	17
Very important	68 (95.8)	41 (71.9)	109
Column Totals	71 (100)	57 (100)	128

$\chi^2(2) = 14.45$, $p < .0007$

Note: Column percentages are in parentheses.

Table 38: Significant ($p < .05$) Kendall Tau B Correlations Among the Weights Clients Assigned Goals from the Goal Attainment Scale

GOALS	n	KENDALL TAU B	p
Teaching job skills and teaching career planning skills	57	0.35	0.005
Teaching job skills and teaching decision-making skills	56	0.33	0.01
Teaching job skills and teaching social skills	59	0.29	0.02
Teaching job skills and teaching appropriate work behaviors	59	0.34	0.01
Teaching career planning skills and teaching decision-making skills	56	0.53	0.00001
Teaching career planning skills and clients assuming responsibility	56	0.34	0.01
Teaching decision-making skills and teaching social skills	56	0.35	0.006
Teaching decision-making skills and clients assuming responsibility	56	0.31	0.016
Teaching social skills and clients assuming responsibility	57	0.32	0.013
Motivating clients and teaching career planning skills	57	0.43	0.001
Motivating clients and teaching decision-making skills	56	0.27	0.04

Table 39: Median Client and Staff Estimates of the Number of Activities which Meet Each Goal of the Goal Attainment Scale

GOAL	STAFF ESTIMATE OF NUMBER OF ACTIVITIES n=71	CLIENT ESTIMATE OF NUMBER OF ACTIVITIES n=59	χ^2
Teaches job skills	About Half	About Half	
Teaches career planning skills	About Half	About Half	
Teaches decision-making skills	About Half	About Half	
*Teaches social skills	Almost All	Almost All	$\chi^2(2)=14.32$ [a]
*Teaches appropriate work behaviors	Almost All	Almost All	$\chi^2(2)=8.65$ [b]
Clients assume responsibility	Almost All	About Half	
Motivates clients	Almost All	About Half	
*Meets clients' own goals	About Half	About Half	$\chi^2(2)=9.43$ [c]

*Chi-square analysis reveals a significant difference between staff and client responses to this item $p < .05$.

[a] $p < .001$

[b] $p < .02$

[c] $p < .01$

Table 40: Cross-Tabulations of Client and Staff Estimates of the Number of Program Activities Which Meet the Goal "Teaching Appropriate Work Behaviors"

NUMBER OF ACTIVITIES	STAFF	CLIENTS	ROW TOTALS
A few	1 (1.4)	8 (13.8)	9
About half	14 (20.3)	15 (25.9)	29
Almost all	54 (78.3)	35 (60.3)	89
Column totals	69 (100)	58 (100)	127

$\chi^2(2) = 8.65$, $p < .013$

Note: Column percentages are in parentheses.

Table 41: Cross-Tabulation of Client and Staff Estimates of the Number of Program Activities which meet the Goal "Teaching Social Skills"

NUMBER OF ACTIVITIES	STAFF	CLIENTS	ROW TOTALS
A few	3 (4.2)	10 (17.6)	13
About half	9 (12.7)	17 (29.8)	26
Almost all	59 (83.1)	30 (52.6)	89
Column totals	71 (100)	57 (100)	128

$\chi^2(2) = 14.32$, $p < .001$

Note: Column percentages are in parentheses.

($\chi^2(2) = 9.43$, $p < .01$; see Table 42).

Similar to the results for clients' weights for the goals of the Goal Attainment Scale, Kendall Tau B correlations were computed among clients' estimates of the number of activities which meet each goal of the Goal Attainment Scale. The results are presented in Table 43. Once again, it appears that goals associated with career maturity -- teaching job skills, teaching career planning skills, teaching decision-making skills, teaching social skills, clients assuming responsibility, and teaching appropriate work behaviors -- are intercorrelated.

In addition to the Goal Attainment Scale, staff goals for clients were assessed by asking them what they thought were the important goals of the work readiness (prevocational) and paid work (transitional employment and placement in competitive employment). The results of the former are presented in Table 44. Approximately one-fifth of the responses indicated the goals of the work readiness programs were "to increase clients' level of functioning" (23.4%) or "to prepare clients for competitive employment" (20.4%). Table 45 presents the frequency distribution of the goals of the paid work programs indicated by staff. The most frequent goals indicated were (1) to improve clients' self-esteem and confidence about working (23% of the responses), (2) to help clients become more independent (19.3%) and (3) to give clients an opportunity to try successful work while receiving support from the program (16.3%).

Summary. It appears that clients' most important goal is to keep themselves out of the hospital. However, there is also an indication in this data that clients who are concerned with mental health issues are more concerned with social issues and less concerned with career planning goals. Clients who wish to pursue independent employment and living goals appear to be less likely to rank mental health and social goals as very important. Clients who were concerned about mental health or social concerns tended to be involved in a psychosocial program while clients who were concerned about learning work skills were more likely to be involved in a program in which work was the prominent activity. While staff and clients largely agreed about the importance of goals in the Goal Attainment Scale, staff manifested a greater tendency to rate certain goals -- teaching decision making, teaching social skills, motivating clients, and clients assuming responsibility -- as more important than clients. A similar trend was observed when clients and staff indicated how many program activities were meeting each goal. Staff were more likely than clients to indicate that all activities in the program were meeting the goals -- teaching appropriate work behaviors, teaching social skills and meeting clients' own goals. Staff indicated that the goals of the work readiness and paid work activities of the programs were to increase clients' self-esteem about working and their ability to function in a work situation.

Activities

Both clients and staff were asked what program activities were particularly helpful to clients. More specifically, staff were asked what activities

Table 42: Cross-Tabulations of Client and Staff Estimates of the Number of Program Activities which Meet the Goal "Meeting Clients' Own Goals"

NUMBER OF ACTIVITIES	STAFF	CLIENTS	ROW TOTALS
A few	5 (7.3)	15 (27.8)	20
About half	31 (44.9)	18 (33.3)	49
Almost all	33 (47.8)	21 (38.9)	54
Column totals	69 (100)	54 (100)	123

$\chi^2(2) = 9.43$, $p < .01$

Note: Column percentages are in parentheses.

Table 43: Significant ($p < .05$) Kendall Tau B Correlations Among Clients' Estimates of the Number of Activities Which are Meeting the Goals from the Goal Attainment Scale

GOALS	n	KENDALL TAU B	p
Teaching job skills and teaching career planning skills	53	0.34	0.006
Teaching career planning skills and teaching decision-making skills	54	0.53	0.00001
Teaching social skills and clients assuming responsibility	55	0.30	0.02
Teaching appropriate work behaviors and clients assuming responsibility	55	0.33	0.01
Clients assuming responsibility and teaching career planning skills	53	0.24	0.05
Teaching decision-making skills and motivating clients	53	0.33	0.01
Teaching career planning skills and meeting clients' own goals	52	0.37	0.01
Teaching decision-making skills and meeting clients' own goals	52	0.27	0.03
Clients assuming responsibility and meeting clients' own goals	53	0.30	0.02

Table 44: Frequency Distribution of Staff Response to Question #15*: What Staff Cite as the Goals of the Work Readiness Program (n = 162)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
To increase clients' level of functioning	38	23.4%
To prepare clients for competitive employment	33	20.4%
To help clients better social and work behaviors	25	15.4%
To help clients develop a better social support system	14	8.6%
To help clients realize they can make an important contribution	12	7.4%
To assess clients' strengths and weaknesses	12	7.4%
To help clients learn to conform to the structure of a normal workday	10	6.2%
To help clients improve their mental health	6	3.7%
To help clients learn specific work skills	4	2.5%
To help clients construct goals and plans based on their individual needs	3	1.9%
Other	5	3.1%
Total	162	---

* Each staff member could provide up to three responses to this question.

Table 45: Frequency Distribution of Staff Response to Question #16*: What Staff Cite as the Goals of the Paid Work Program (n = 71)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
To improve clients' self-esteem and confidence about working	31	23.0%
To help clients become more independent particularly in terms of finding competitive employment	26	19.3%
To give clients an opportunity to try successful work outside of the program while receiving support from the program	22	16.3%
To educate employers about the psychiatrically handicapped	13	9.6%
To assess clients' employment problems while they are on a job	13	9.6%
To help clients make more money	12	8.9%,
To find the "right" job for a client	8	5.9%
To develop clients' work skills	4	3.0%
Other	6	4.4%
Total	135	---

* Each staff member could provide up to three responses to this question.

they thought had a positive impact on clients' general progress. The results are displayed in Table 46. The most frequent response to this question (24.0% of the responses) was "the work activities in the program." While somewhat less frequent, other more common responses include (1) social and recreational activities (30%), (2) the relationship between staff and clients (16.2%) and (3) transitional employment (12.3%).

Clients were asked which activities and services of their program were particularly helpful. The results are presented in Table 47. Similar to staff, clients' most frequent response was the work activities in the program (32.4% of the responses). Other frequent responses included individual and group counseling (21%) and recreational and social activities (21%).

As indicated above, staff members had rather frequently indicated that their relationship with clients was an important activity which contributed to clients' progress. Also, clients indicated that counseling was an important service and activity offered to them by the program.

Clients were also asked the ways their relationship with staff members helped them. The results are presented in Table 48. The most frequent response to this question was that the staff member is a person to whom clients can relate, can trust and whose approval is valued. All other responses to this question were mentioned much less frequently.

Both staff and clients were asked what responsibilities clients were expected to assume in the programs. The frequency distribution of staff responses to this question is presented in Table 49. The most frequent responses to this question included (1) to work in the program (18.2%), (2) to attend the program according to the plan to which clients agreed (17%), (3) to behave appropriately (15.8%) and (4) to meet the requirements of the program (15.2%). The frequency distribution of clients' responses is presented in Table 50. The most frequent client response was "to work" (40.2% of the total responses). Proper behavior was another responsibility which was cited somewhat more frequently (22.5% of the responses).

Staff were also asked which program activities they thought had the most impact on clients' work readiness. The results are presented in Table 51. The activity which was most frequently cited as having the greatest impact was the prevocational work activities (28.8% of the responses), the activity which was most frequently mentioned second was the relationship between staff and client (14.7%). Cited somewhat less frequently were (1) socialization and group meetings (13.5%) and transitional employment (12.8%).

Summary. Activities associated with work in the program appear to be the most frequent response for both clients and staff when they cite program activities having the greatest impact. Other important program components were counseling and the relationship between staff and clients. It also appeared that social and recreational activities were important to clients and staff.

Table 46: Frequency Distribution of Staff Responses to Question #6*: Activities which Staff Think Have a Positive Impact on Clients (n = 179)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Work in program	43	24.0%
Social and recreational activities	30	16.8%
Relationship between staff and clients	29	16.2%
Transitional employment	22	12.3%
Group meetings	13	7.3%
Activities designed to prepare clients for and place clients in competitive employment	11	6.1%
Transportation, housing or medication supervision	9	5.0%
Development of individual plan and goals for each client	8	4.5%
All program activities are equally important	5	2.8%
Other	9	5.0%
Total	179	100.0%

* Each staff member provided up to three responses to this question.

Table 47: Frequency Distribution of Client Responses to Question #5*: Those Services and Activities Cited as Most Helpful (n = 105)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Work in program	34	32.4%
Individual and group counseling	22	21.0%
Recreational and social activities	22	21.0%
Preparation for competitive employment	10	9.6%
Transportation, housing or meals	8	7.5%
Other	9	8.5%
Total	105	100.0%

* Each client could provide up to three responses to this question.

Table 48: Frequency Distribution of Client Response to Question #8b*: How Relationship with Staff Members Helps Client (n = 88)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Staff member is a person to whom client can relate, can trust and whose approval is valued	47	53.4%
Staff member provides support for progress and feedback about progress	12	13.6%
Staff member provides help in making decisions	10	11.5%
Staff member motivates client	5	5.7%
Staff member teaches client how to behave appropriately	4	4.5%
Staff member helps client improve self-esteem	4	4.5%
Other	6	6.8%
Total	88	100.0%

* Each client could provide up to three responses to this question.

Table 49: Frequency Distribution of Staff Responses to Question #5*: What Responsibilities are Clients Expected to Assume in the Program (n = 165)

RESPONSIBILITY	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
To work in the program	30	18.2%
To attend program according to plan to which client agreed	28	17.0%
To behave appropriately	26	15.8%
To meet the requirements of the program	25	15.2%
To be punctual	15	9.1%
To function to the best of their ability	14	8.5%
To communicate directly and openly with staff	9	5.5%
To pursue the goal of seeking and maintaining employment	6	3.6%
To be more independent	5	3.0%
Other	7	4.1%
Total	165	100.0%

* Staff could provide up to four responses to this question.

Table 50: Frequency Distribution of Client Responses to Question #6*: Responsibilities to the Program Cited by Clients (n = 102)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
To work	41	40.2%
To behave properly	23	22.5%
To be punctual	14	13.7%
To attend program according to plan to which client agreed	12	11.8%
To meet requirements of program	7	6.9%
To be more independent	5	4.9%
Total	102	100.0%

* Each client could provide up to three responses to this question.

Table 51: Frequency Distribution of Staff Response to Question #17*: Activities that Staff Cite as Having the Most Impact on Clients' Work Readiness (n = 156)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Prevocational work activities	45	28.8%
Relationship between staff and client	23	14.7%
Socialization and group meetings	21	13.5%
Transitional employment	20	12.8%
Learning how to behave at work and to adjust to the structure of the work day	10	6.4%
Staff support for clients while they are working outside of the program	8	5.2%
Helping clients find competitive employment	8	5.2%
Training for clients in specific job skills	7	4.5%
Assessment or evaluation of clients	6	3.8%
Other	8	5.1%
Total	156	100.0%

* Each staff member could provide up to three responses to this question.

Career Maturity

Clients and staff were asked about assistance given to clients in four areas related to career maturity: (1) assessment of clients' preferences, (2) assessment of clients' abilities, (3) assistance to help clients make better decisions, and (4) assistance offered to clients to help them plan more effectively.

Preferences. Clients were asked whether the program staff had helped client identify their likes and dislikes. The results are presented in Table 52. In a similar fashion, staff were asked whether they thought it was important to help clients identify their likes and dislikes. These results are presented in Table 53. A chi-square analysis was computed to determine whether client and staff responses to this question differed. The results indicated that staff were more likely to indicate that the program had helped clients identify likes and dislikes than were clients ($\chi^2(1) = 9.97$, $p < .01$).

Clients were asked whether they thought program staff had helped them to identify their abilities. The results are presented in Table 54. Staff were asked whether it was important to them to help clients identify their abilities. These results are presented in Table 55. A chi-square analysis indicates that staff were more likely to indicate that the program helped clients to identify abilities than clients ($\chi^2(1) = 10.04$, $p < .01$).

In the same way, clients were asked whether program staff had helped them learn to make better decisions. The results are presented in Table 56. Staff were also asked whether it was important to them to help clients learn to make better decisions. These results are presented in Table 57. Chi-square analysis indicated that staff were much more likely to answer "yes" than clients ($\chi^2(1) = 14.53$, $p < .001$).

Clients were also asked whether program staff had helped clients to develop better planning skills. The results are presented in Table 58. Staff were also asked whether it was important to them to help clients learn to plan more effectively. These results are presented in Table 59. Chi-square analysis again indicated that staff were much more likely to indicate "yes" than clients ($\chi^2(1) = 18.73$, $p < .001$).

In summary, for these four aspects of career maturity, a majority of both clients and staff indicated that they were receiving help from staff or that they felt it was important to help clients in that area respectively. However, in all four cases, staff were more likely to indicate that career maturity goals were important and that their programs offered services to facilitate career maturity.

Clients and staff were also asked how they were receiving help (in the case of clients) or how they were helping clients (in the case of staff) in each of these areas. Clients were asked the ways in which staff had helped them identify their preferences. The results are presented in Table 60. The largest number of responses (44.1%) indicated that they had learned about their preferences from work or recreation experiences in the program. Staff were asked how they helped clients to identify their

Table 52: Frequency Distribution of Client Response to Question #12: Whether Clients Think the Staff Have Helped Clients to Identify Likes and Dislikes (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	43	72.9%
No	15	25.4%
No answer/don't know	1	1.7%
Total	59	100.0%

Table 53: Frequency Distribution of Staff Response to Question #7a: Is It Important to Staff to Help Clients Identify Their Likes and Dislikes?(n = 71)

WHETHER IT IS IMPORTANT TO HELP CLIENTS IDENTIFY LIKES AND DISLIKES	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	65	91.5%
No	4	5.6%
No answer/don't know	2	2.9%
Total	71	100.0%

Table 54: Frequency Distribution of Client Response to Question #12a: Whether Clients Think that Staff have Helped Clients Learn About Their Abilities (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	42	71.2%
No	11	18.6%
Maybe	2	3.4%
No answer/don't know	4	6.8%
Total	59	100.0%

Table 55: Frequency Distribution of Staff Response to Question #8a: Is It Important to Staff to Help Clients Identify Their Abilities? (n = 71)

WHETHER IT IS IMPORTANT TO HELP CLIENTS IDENTIFY THEIR ABILITIES	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	67	94.4%
No	2	2.8%
No answer/don't know	2	2.8%
Total	71	100.0%

Table 56: Frequency Distribution of Client Response to Question #13a: Whether Clients Think that Staff Have Helped Clients to Make Better Decisions (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	36	61.0%
No	17	28.8%
No answer/don't know	6	10.2%
Total	59	100.0%

Table 57: Frequency Distribution of Staff Response to Question #9a: Is It Important to Staff to Help Clients Learn to Make Better Decisions ?(n = 71)

WHETHER IT IS IMPORTANT TO HELP CLIENTS LEARN TO MAKE BETTER DECISIONS	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	65	91.6%
No	4	5.6%
Sometimes	2	2.8%
Total	71	100.0%

Table 58: Frequency Distribution of Client Response to Question #14a: Whether Clients Think Program Staff Have Helped Clients to Develop Better Planning Skills (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	35	59.3%
No	21	35.6%
No answer/don't know	3	5.1%
Total	59	100.0%

Table 59: Frequency Distribution of Staff Response to Question #10a: Is It Important to Help Clients Learn to Plan More Effectively? (n = 71)

WHETHER IT IS IMPORTANT TO STAFF TO HELP CLIENTS LEARN TO PLAN BETTER	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	63	88.8%
No	4	5.6%
No answer/don't know	4	5.6%
Total	71	100.0%

Table 60: Frequency Distribution of Client Response to Question #11b: Ways Clients Think the Staff has Helped Clients to Identify their Preferences (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Work or recreation experiences in the program	32	44.1%
Feedback clients have received from staff	6	10.2%
Clients learned about their likes and dislikes without help from anyone	4	6.8%
Feedback clients have received as a result of testing or evaluation	4	6.8%
Other	5	8.5%
No answer/don't know	8	13.6%
Total	59	100.0%

preferences. These results are presented in Table 61. The two most frequent responses to this question were (1) clients' work or recreation experiences in the program (33.8%) and (2) asking clients about past or present preferences (30.9%).

Clients were asked the ways in which program staff had helped them to identify their abilities. The results are presented in Table 62. The most frequent responses included (1) work experiences (both within the program and transitional employment) (37.3%), (2) social, recreational and other non-work activities in the program (22%), and (3) staff feedback to clients (18.6%). Staff were also asked how they helped clients to identify their abilities. The results are presented in Table 63. For staff, the most frequent responses were (1) staff feedback to clients (33.6%), (2) client information about past and present preferences (22.7%, and (3) results of testing or evaluation (17.6%).

Clients were asked how staff helped them improve their decision-making skills. The results are presented in Table 64. The most frequent response to this question was that staff increase clients' confidence about making decision by supporting their efforts to make decisions (28.8%). Staff were asked how they helped clients make better decisions. The results are presented in Table 65. The most frequent responses included (1) staff support for client decision-making which increases clients' confidence, (2) staff assistance in helping clients select and evaluate information for decision-making (24.6%), and (3) staff assistance in selecting and evaluating alternatives (22.1%).

Clients were asked the ways in which staff had helped them to make more effective plans. The results are presented in Table 66. The most frequent response to this question was that the staff have made clients more optimistic or confident about planning for the future. Staff were asked how they helped clients to make better plans. The results are presented in Table 67. The most frequent responses were (1) that staff teach clients how to select goals and to develop alternative plans (27.2%) and (2) that staff helped clients plan in their own lives (18.4%).

An additional way in which career maturity variables were assessed was a series of six questions included in the client interview (Question #9; see Appendix B) and in the staff interview (Question #13; see Appendix B). Since the six questions were identical for both staff and clients, a chi-square analysis was utilized to determine whether clients and staff responded differently to these six questions. Since each question asked the respondent to indicate who made a certain choice, differences among the responses of clients and staff would indicate differing perceptions about who was making clients' decisions. In fact, chi-square analysis produced significant results for four of the choices presented by this question.

A significant chi-square was obtained for the choice of clients' program activities ($\chi^2(3) = 25.3$, $p < .0001$). Clients were more likely than staff to furnish extreme responses (either client only or staff only) in response to this question. (See Table 68.)

Table 61: Frequency Distribution of Staff Response to Question #7b*: How Staff Help Clients Identify their Preferences (n = 139)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Work or recreation experiences in program	47	33.8%
Staff ask clients what they like or do not like or what they have liked or not liked in the past	43	30.9%
Staff feedback to clients based on their observation of clients	25	18.0%
Tests and evaluation	21	15.1%
Other	3	2.2%
Total	139	100.0%

* Each staff member could provide up to three responses to this question.

Table 62: Frequency Distribution of Client Response to Question #12b: Ways in Which Clients Think the Staff Have Helped Clients to Identify their Abilities (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Experiences with work (both within the program and transitional employment	22	37.3%
Social, recreational and other non-working experiences in the program	13	22.0%
Feedback clients receive from staff	11	18.6%
Client already knew abilities prior to their involvement with the program	4	6.8%
Feedback clients receive from evaluation and tests	3	5.1%
Clients claim they do not do anything well	2	3.4%
Other	4	6.8%
Total	59	100.0%

Table 63: Frequency Distribution of Staff Response to Question #8b*: How Staff Help Clients Identify Their Abilities (n = 119)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Feedback to clients based on staff observations	40	33.6%
Staff ask clients at what they are or have been competent	27	22.7%
Results of testing or evaluation	21	17.6%
Staff construct goals for clients so that they have a realistic chance for success	15	12.6%
Staff encourage clients to try new and more challenging experiences which lead to greater competence	10	8.5%
Social and recreational experiences in program	3	2.5%
Other	3	2.5%
Total	119	---

* Each staff member could provide up to three responses to this question.

Table 64: Frequency Distribution of Client Response to Question #13b: Ways in Which Clients Think Program Staff Helped Clients Improve Their Decision-Making Skills (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Staff support clients' efforts to make decisions and thereby increase clients' confidence about making decisions	17	28.8%
Staff help clients to select alternatives	6	10.2%
Staff teach clients how to make decisions and reinforce good decisions	5	8.5%
Staff tell clients what they should do	2	3.4%
No answer	29	49.2%
Total	59	100.0%

Table 65: Frequency Distribution of Staff Response to Question #9b*: How Staff Help Clients Make Better Decisions (n = 122)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Staff support clients' efforts to make decisions and thereby increase clients' confidence about making decisions	42	34.4%
Staff help clients select and evaluate information that is relevant to the decision	30	24.6%
Staff help clients select and evaluate alternatives	27	22.1%
Staff teach clients how to make decisions and reinfor[illegible]ood" decision-making	15	12.3%
Staff tell clients what they should do	3	2.5%
Other	5	4.1%
Total	122	100.0%

* Each staff member could provide up to three responses to this question.

Table 66: Frequency Distribution of Client Response to Question #14b: Ways in Which Clients Think the Staff have Helped Clients to Make More Effective Plans (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Staff have made clients more optimistic or confident about planning for the future	12	20.3%
Staff have helped clients to plan their activities in the program	8	13.6%
Staff have helped clients make plans in their own lives (e.g., budgeting)	7	11.9%
Clients already knew how to make effective plans before they were involved with the program	4	6.8%
Staff have helped clients plan for entry into competitive employment	3	5.1%
Staff teach clients how to select goals and to develop alternative plans	3	5.1%
Other	5	8.5%
No answer	17	28.8%
Total	59	100.0%

Table 67: Frequency Distribution of Staff Responses to Question #10b*: How Staff Help Clients Develop Better Planning Skills

(n = 114)

RESPONSES	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Staff teach clients how to select goals and to develop alternative plans	31	27.2%
Staff have helped clients make plans in their own lives	21	18.4%
Staff help clients select and evaluate information that is relevant to planning	13	11.4%
Staff help clients plan their activities in the program	13	11.4%
Staff support clients' attempts to implement plans and thereby increase clients' confidence about making plans	10	8.8%
Group or individual counseling	10	8.8%
Help clients plan to seek competitive employment	9	7.9%
Staff increase clients' optimism about planning for the future	1	.9%
Other	6	5.2%
Total	114	100.0%

* Each staff member could provide up to three responses to this question.

Table 68: Cross-Tabulation of Who Makes Choice of Clients' Program Activities by Type of Respondent

WHO MAKES THE DECISION	STAFF	CLIENTS	ROW TOTALS
Staff only	4 (5.9)	18 (31.0)	22
Mostly staff	37 (54.4)	20 (34.5)	57
Mostly client	27 (39.7)	13 (22.4)	40
Client only	0 (0.0)	7 (12.1)	7
Column totals	68 (100)	58 (100)	126

$\chi^2(3) = 25.3$, $p < .0001$

Note: Column percentages are in parentheses.

A significant chi-square was also obtained for the choice of clients' activities outside of the program ($\chi^2(3) = 15.4$, $p < .002$). It appears that clients were much more likely than staff to indicate that clients made this choice alone. (See Table 69.)

A significant chi-square was also obtained for the choice of clients' work activities ($\chi^2(3) = 19.2$, $p < .0002$). These results are presented in Table 70. These results indicate that clients were more likely than staff to indicate that this choice was made by the staff only.

The last significant chi-square for this question was obtained for the choice of clients' living situations ($\chi^2(3) = 26.5$, $p < .001$). These results are presented in Table 71. For this choice, clients were more likely than staff to indicate that this decision was made by clients alone.

The chi-square analysis did not manifest significant differences for the choice of working with a specific staff member or the choice to have family members involved in the program. Both clients and staff were likely to indicate that either staff only or mostly staff were responsible for the former choice. Both also tended to agree that either clients alone or mostly clients were responsible for the latter choice.

Summary. The examination of four career maturity variables in this study -- preferences, abilities, decision-making and planning -- indicate that staff and clients disagree about the degree to which clients were receiving help in these areas; staff were more likely to see each as important as compared to the frequency with which clients indicated they were receiving help. Clients were most likely to indicate that their work and recreation experiences helped them learn about their preferences and abilities while staff were most likely to indicate that the feedback they gave clients regarding preferences and abilities helped clients in this regard. Staff and clients agreed that a significant way in which clients were helped to learn to make decisions was to support clients' attempts to make decisions. While clients emphasized that the staff had increased client optimism about making plans for the future, staff emphasized the help they offered clients in the process of developing plans. A comparison of staff and client responses regarding six specific decisions indicated generally that clients were more likely than staff to see themselves as making four of those decisions alone.

Employment

Important employment issued in rehabilitation programs are (1) how clients are motivated towards competitive employment, (2) the negative influences on clients' ability to work and how they are counteracted, (3) clients' career aspirations and how they are attempting to implement those aspirations and (4) what employment clients have had since their involvement with the program.

Clients were asked whether they felt the program had motivated them towards competitive employment. The results are presented in Table 72. While

Table 69: Cross-Tabulation of Who Makes Choice of Clients' Activities Outside of Program by Type of Respondent

WHO MAKES THE DECISION	STAFF	CLIENTS	ROW TOTALS
Staff only	0 (0.0)	1 (1.9)	1
Mostly staff	4 (6.3)	5 (9.3)	9
Mostly client	41 (65.1)	16 (29.6)	57
Client only	18 (28.6)	32 (59.2)	50
Column totals	63 (100)	54 (100)	117

$\chi^2(3) = 15.4$, $p < .002$

Note: Column percentages are in parentheses.

Table 70: Cross-Tabulation of Who Makes Choice of Clients' Work by Type of Respondent

WHO MAKES THE DECISION	STAFF	CLIENTS	ROW TOTALS
Staff only	4 (6.0)	17 (28.8)	21
Mostly staff	47 (70.2)	24 (40.7)	71
Mostly client	16 (23.8)	14 (23.7)	30
Client only	0 (0.0)	4 (6.8)	4
Column totals	67 (100)	59 (100)	126

$\chi^2(3) = 19.2$, $p < .0002$.

Note: Column percentages are in parentheses.

Table 71: Cross-Tabulation of Who Makes Choice of Clients' Living Situation by Type of Respondent

WHO MAKES THE DECISION	STAFF	CLIENTS	ROW TOTALS
Staff only	0 (0)	3 (5.6)	3
Mostly staff	4 (6.0)	5 (9.2)	9
Mostly client	44 (65.7)	11 (20.4)	55
Client only	19 (28.3)	35 (64.8)	54
Column totals	67 (100)	54 (100)	121

$\chi^2(3) = 26.5$, $p < .001$

Note: Column percentages are in parentheses.

Table 72: Frequency Distribution of Client Responses to Question #16a: Whether Clients Think the Program has Motivated them Towards Competitive Employment (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	29	49.2%
No	23	39.0%
No answer/don't know	7	11.8%
Total	59	100.0%

clients were more likely to respond yes (49.2%) than no (39%), almost two-fifths of the clients did not feel that the staff had motivated them towards competitive employment. Staff were also asked whether they felt it was important to them to motivate clients towards competitive employment. These results are presented in Table 73. It appears that proportionally, staff were more likely to say yes (69%) than to say no (18.3%). To determine whether client and staff responses to these questions differed significantly, a chi-square analysis was calculated. The results indicate that there are no significant differences between the distributions of staff and client responses to this question ($\chi^2(1) = 7.1$, $p < .10$).

Clients were asked how they thought the program had motivated clients towards competitive employment. The results are presented in Table 74. It is apparent from this table that the most frequent response to this question was either that the client did not know or did not have an answer (37.3%). Besides those responses, the most frequent responses were (1) working in the program (10.2%) or (2) that the program taught clients the rewards of competitive employment (10.2%).

Staff were also asked what they did to motivate clients towards competitive employment. The results are presented in Table 75. The most frequent staff responses to this question were (1) that the program provides activities which are specifically designed to prepare clients for competitive employment (30%) and (2) that the work clients perform in the program increases their confidence about working in competitive employment (26.2%).

It had been the experience of many mental health professionals that psychotic clients experience ambivalence or antipathy about taking psychotropic medication. Therefore, clients were asked whether medication helped or hurt their ability to hold a job. The results for the former are presented in Table 76. As indicated, approximately two-thirds of the clients indicated that medication helped their ability to hold a job. Clients were also asked how medication helped their ability to hold a job. These results are presented in Table 77. The most frequent responses were that medication helped by (1) reducing clients' anxiety (20.3%), (2) by reducing psychotic symptoms (15.3%), or (3) by increasing clients' level of functioning (13.6%).

Clients were also asked whether medication hurt their ability to hold a job. The results are presented in Table 78. It appears that approximately two-thirds of the clients (67.8%) indicated that medication does not hurt their ability to hold a job. Clients were also asked how medication hurt their ability to hold a job. The results are presented in Table 79. Because most clients did not indicate that medication hurt their ability to hold a job, the responses to this question were few. The most frequent response was that medication impairs clients' motor functioning (22%).

Table 73: Frequency Distribution of Staff Response to Question #12a: Is It Important to Staff to Motivate Clients Towards Competitive Employment?(n = 71)

WHETHER IT IS IMPORTANT TO MOTIVATE CLIENTS TOWARDS COMPETITIVE EMPLOYMENT	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	49	69.0%
No	13	18.3%
Sometimes	8	11.3%
No answer/don't know	1	1.4%
Total	71	100.0%

Table 74: Frequency Distribution of Client Responses to Question #16b: Ways in Which Clients Think the Program has Motivated them Towards Competitive Employment (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Work in program	6	10.2%
Program taught clients the rewards of competitive employment outside of the program	6	10.2%
Program provides activities specifically designed to prepare clients for competitive employment (e.g. job preparation group, counseling)	5	8.5%
Transitional employment	5	8.5%
Clients feel they will never be capable of seeking competitive employment	5	8.5%
Other	8	13.5%
No answer/don't know	22	37.3%
Total	59	100.0%

Table 75: Frequency Distribution of Staff Response to Question #12b*: How Staff Motivate Clients towards Competitive Employment (n = 130)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Program provides activities and counseling specifically designed to prepare clients for competitive employment	39	30.0%
Clients' confidence about working outside of the program is increased by their work in program	34	26.2%
Clients' experience with transitional employment	22	16.9%
Staff teach clients the rewards of competitive employment	20	15.4%
Specific job skills training offered by the program	7	5.3%
Other	8	6.2%
Total	130	100.0%

* Each staff member could provide up to three responses to this question.

Table 76: Frequency Distribution of Client Response to Question #17e: Whether Clients Think that Taking Medication Helps Them Hold a Job

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	37	62.7%
No	22	37.3%
Total	59	100.0%

Table 77: Frequency Distribution of Client Response to Question #17e: In What Ways Clients Think that Taking Medication Helps Them Hold a Job (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Reduces anxiety	12	20.3%
Reduces psychotic symptoms	9	15.3%
Increases clients' level of functioning	8	13.6%
Reduces insomnia	2	3.4%
Controls clients' behavior	2	3.4%
Other	4	6.8%
No answer/don't know	22	37.2%
Total	59	100.0%

Table 78: Frequency Distribution of Client Response to Question #17e: Whether Clients Think that Taking Medication Hurts their Ability to Hold a Job (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Yes	19	32.2%
No	40	67.8%
Total	59	100.0%

Table 79: Frequency Distribution of Client Response to Question #17e: In What Ways Clients Think that Taking Medication Hurts Their Ability to Hold a Job (n = 59)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Impairs motor functioning	13	22.0%
Interferes with ability to concentrate	3	5.1%
Client feels there is a social stigma attached to taking medication	3	5.1%
Other	2	3.4%
No answer/don't know	38	64.4%
Total	59	100.0%

Staff were also asked what they thought were the negative influences on clients' ability or willingness to work. The results are presented in Table 80. The most frequent responses were that negative influences included (1) the effect of clients' psychoses (23.5%), (2) clients' fear of failure (14.8%), (3) clients' fear of losing their disability benefits (10.7%), or (4) family pressures on clients (10.7%).

Staff were also asked what they did to minimize these negative influences on work. The frequency distribution of these responses is presented in Table 81. The most frequent answer was that staff try to minimize negative influences by encouraging and supporting clients' efforts to function (32%).

Staff were also asked what client characteristics they utilize to determine clients' work readiness. The frequency distribution for these responses is presented in Table 82. The client characteristics most frequently cited included (1) clients' ability to perform work tasks in the pre-vocational work areas in the program (25.9%) and (2) the degree to which clients' behavior is appropriate for work (21.8%). Staff were also asked how work contributes to clients' lives. The frequency distribution of their responses is presented in Table 83. The most frequent response was that work increases clients' self-esteem (30.9% of the responses). Other frequent responses were that, as a result of working, clients become more "normal" (18.8%) and independent (16.6%).

Clients were asked what they are presently doing in the program to prepare for competitive employment. The frequency distribution for these responses is presented in Table 84. The most frequent response was that working in the program (32.5% of the responses) was preparing clients for competitive employment. Other frequent responses were that clients were preparing for competitive employment (1) by learning new work skills or improving existing skills (19.3%) or (2) by obtaining counseling and/or taking medication to improve their level of functioning (14.5%).

Clients were asked what jobs they would <u>like</u> to hold. These jobs were classified using the Occupational Outlook Handbook categories and the frequency distribution of clients' responses is presented in Table 85. The occupations which were most frequently cited included (1) industrial production and related occupations (20.5%), (2) service occupations (17.8%), (3) arts, design and communications occupations (13.7%), and (4) office occupations (12.4%).

Clients were also asked what jobs they <u>had held the longest</u> since their involvement with their respective programs. The frequency distribution of their responses is presented in Table 86. While the responses indicating that clients have held jobs is based on 12 clients, most of these clients indicated they had held transitional jobs in the service occupations (6.8%), competitive employment in a service occupation (5.1%), transitional employment in industrial production and related occupations (5.1%), or transitional employment in an office occupation (5.1%).

Table 80: Frequency Distribution of Staff Response to Question #18*: What Staff Think are Negative Influences on Clients' Ability and/or Willingness to Work (n = 149)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Effect of psychosis	35	23.5%
Clients' fear of failure	22	14.8%
Clients' fear of losing disability benefits	16	10.7%
Family pressures on client	16	10.7%
Clients' ambivalence about success	14	9.4%
Clients' dissatisfaction about the type of work available to them — both inside and outside of the program	9	6.0%
Clients' fear of too much pressure	8	5.4%
Clients' inappropriate behavior	8	5.4%
Clients' lack of motivation	7	4.7%
Clients' lack of job skills	4	2.7%
Other	10	6.7%
Total	149	100.0%

* Each staff member could provide up to three responses to this question.

Table 81: Frequency Distribution of Staff Response to Question #18*: How Staff Minimize the Negative Influences which Impact on Clients' Ability and/or Willingness to Work (n = 147)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Staff encourage and support clients' efforts to function	47	32.0%
Staff show clients the relationship between their activities in the program and their future goals	12	8.2%
Staff allow clients to change work and working conditions to reduce pressures on them	11	7.6%
Staff reinforce clients' appropriate behavior and their small successes	11	7.6%
Staff support clients' attempts to get medical support (psychotherapy and/or medication)	10	6.8%
Staff restate rules of program to clients to correct inappropriate behavior	8	5.4%
Staff conducts counseling sessions with clients' family	7	4.8%
Staff encourage clients to set realistic goals	7	4.8%
Staff convince clients they can live successfully without disability benefits	7	4.8%
Staff tell clients they are making an important contribution to others	6	4.1%
Other	21	14.3%
Total	147	100.0%

* Each staff member could provide up to three responses to this question.

Table 82: Frequency Distribution for Staff Response to Question #19*: Client Characteristics Staff Consider When They Plan Clients' Work Activities (n = 170)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Clients ability to perform work tasks in prevocational work area	44	25.9%
The degree to which clients' behavior is appropriate for work	37	21.8%
Clients' aptitudes and manifest abilities and strengths	27	15.9%
Clients' motivation to work	25	14.7%
Clients' level of functioning	19	11.2%
The level of clients' functioning in a work setting prior to their illness	11	6.5%
The degree to which clients can realistically appraise their own competencies	6	3.5%
Other	1	.5%
Total	170	100.0%

* Each staff member could provide up to three responses to this question.

Table 83: Frequency Distribution of Staff Response to Question #14*: In What Ways Staff Think Work Contributes to Clients' Lives (n = 181)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES
Increase in clients' self-esteem	56	30.9%
Client becomes a more normal and contributing member of society	34	18.8%
Increase in clients' independence	30	16.6%
Increase in clients' income	27	14.9%
Increase in clients' opportunities for social contact	16	8.8%
Work keeps clients functioning and busy despite their problems	12	6.7%
Other	6	3.3%
Total	181	100.0%

* Each staff member could provide up to three responses to this question.

Table 84: Frequency Distribution of Client Response to Question #10*: That Which Clients Report They are Currently Doing in the Program to Prepare for Competitive Employment (n = 83)

RESPONSE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Working in the program	27	32.5%
Learning and/or improving work skills	16	19.3%
Improving level of functioning via counseling or medication	12	14.5%
Learning how to behave appropriately with other people	8	9.6%
Working outside of the program	7	8.4%
Developing career development skills, e.g. learning about self and collecting career information	5	6.0%
Client feels competitive employment is not a realistic goal	5	6.0%
Other response	3	3.7%
	83	100.0%

* Each client could provide up to three responses to this question.

Table 85: Frequency Distribution of Clients' Responses to Question #27*: Type of Employment Clients Would Like to Pursue (n = 73)

TYPE OF EMPLOYMENT CLIENTS WOULD LIKE TO PURSUE	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONSES)
Industrial production and related occupations	15	20.5%
Service occupations	13	17.8%
Art, design and communication occupations	10	13.7%
Office occupations	9	12.4%
Education and related occupations	5	6.8%
Health occupations	5	6.8%
Social service occupations	5	6.8%
Sales occupations	3	4.1%
Construction occupations	3	4.1%
Scientific and technical occupations	2	2.8%
Social scientists	2	2.8%
Mechanics and repairers	1	1.4%
Total	73	100.0%

* Clients could provide up to three responses to this question.

Table 86: Frequency Distribution of the Type of Employment Held Longest by Clients Since Their Involvement with Their Programs (n = 59)

TYPE OF EMPLOYMENT	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Service occupations (transitional employment)	4	6.8%
Service occupations	3	5.1%
Industrial production and related occupations (transitional employment)	3	5.1%
Office occupations (transitional employment)	3	5.1%
Office occupations	2	3.4%
Occupations in transportation activities	2	3.4%
Sales occupations (transitional employment)	2	3.4%
Industrial production and related occupations	1	1.7%
Health occupations	1	1.7%
Occupations in transportation activities (transitional employment)	1	1.7%
No answer/don't know	37	62.6%
Total	59	100.0%

Clients were also asked how long they had been employed in each position since their involvement with the program. Table 87 presents a frequency distribution of clients' longest period of employment. Most of the clients have been employed for less than one year (30.5%). The mean length of employment for this sample was approximately eleven months. The length of employment was certainly influenced by limits on the length of transitional employment. In most cases, clients can maintain transitional jobs for no more than four months.

A frequency distribution of the total number of jobs held by clients since their involvement with the program is presented in Table 88. It is clear from this table that many of the clients (55.9%) have held no employment. Besides that number, most of the clients (28.9%) have held one or two jobs since their involvement with the program. Clients had held a mean number of one job since their involvement with the program.

Summary. Most clients and staff generally agreed that the program was motivating clients towards competitive employment. Both clients and staff indicated the connection between work in the program and competitive employment as an important way in which clients were motivated towards competitive employment. Generally, clients tend to feel that medication helps rather than hurts them to hold a job by reducing their anxiety and psychotic symptoms and by increasing their level of functioning. Staff cited clients' psychoses, their fears of failure, their fears about losing disability benefits, and pressures from their families as significant negative influences on their ability or willingness to hold a job.

Just as clients indicated that work experiences in the program prepared them for competitive employment, staff indicated that they used their observation of clients' behavior in their prevocational work areas as an important determination of the clients' readiness for competitive employment. Staff also indicated that working was important in increasing clients' self-esteem, and independence and in making clients more "normal".

Clients generally indicated they would like to hold jobs in either industrial production, service occupations, arts, design and communication occupations or in office occupations. Since their involvement with the program, several have held jobs in service, industrial or office occupations. The mean length of clients' longest employment since their involvement with the program was slightly less than one year. Of those clients who have been employed since their involvement with the program, most have held one or two jobs.

Summary of Field Study Results

The descriptive data indicated that the client sample was largely white and approximately half male and half female. While a large portion of the sample has less than a high school education, slightly less than a third

Table 87: Frequency Distribution of Length of Clients' Longest Employment Since Their Involvement with the Program (n = 59)

LENGTH OF LONGEST EMPLOYMENT	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
Less than six months	11	18.6%
Six months to one year	7	11.9%
One year to two years	2	3.4%
More than two years	1	1.7%
No answer/don't know	38	64.4%
Total	59	100.0%

Table 88: Frequency Distribution of the Total Number of Jobs Clients Have Held Since their Involvement with the Program (n = 59)

NUMBER OF JOBS	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT OF TOTAL RESPONDENTS)
None	33	55.9%
One	9	15.3%
Two	8	13.6%
Three	3	5.1%
Four	1	1.6%
Ten	2	3.4%
No answer/don't know	3	5.1%
Total	59	100.0%

of the sample have training beyond high school. Most clients are on medication and have had more than one hospitalization. Most clients are also receiving disability benefits. Most clients who were interviewed had been involved with their programs less than two years; most attended the program five days a week. The mean length of longest employment was 4.5 years, and clients had held a mean number of 3.1 jobs prior to their involvement with the program. In terms of longest period of employment, number of jobs and number of hospitalizations prior to program involvement, clients in all three programs were comparable. The staff members who were interviewed were largely white, more than half female, and at least one-third had a substantive amount of education in an area related to the work they were doing in the rehabilitation programs.

Clients appear to have varying motivations for their involvement with rehabilitation programs. Some clients want to work, some want therapeutic help, and some simply want something to do. One of the important elements in clients' motivation appears to be the relationship they have with staff members. While staff see themselves as most frequently investigating situations in which clients falter in meeting their responsibilities, clients appear to be most sensitive to negative consequences -- staff displeasure and exclusion from the program. An important factor in decreasing clients' motivation is the feared loss of disability benefits.

An examination of client goals indicate that clients who were very concerned about mental health and social goals were less likely to be concerned about goals associated with independent living. In addition, clients who were concerned with work goals were more likely to be associated with programs in which the main focus was work while clients concerned about mental health or social goals were more likely to be associated with a psychosocial program. Staff tended to cite as more important those goals and activities which would help clients function more independently. Among activities which are considered to be important, both staff and clients indicated most often that the work activities included in the program were most important and most helpful. Other activities which were cited as important were the relationship between staff and clients and social and recreational activities.

Staff and clients disagreed about the degree to which career maturity goals were important and were being met. In addition, clients were more likely to emphasize what they learned more about themselves from work or social activities in the program, while staff were more likely to indicate that clients learn about themselves from staff feedback. Staff and clients agreed that staff support for clients' decision-making was important. In regard to planning, clients were most likely to indicate that staff had made them more confident about planning for the future while staff were most likely to indicate that they had taught clients the steps in the planning process. In regard to specific decisions, clients were more likely to see themselves making these decisions alone.

The prevocational work activities were cited as important by both clients and staff in the preparation for competitive employment. It appears

that medication may be very important to help a psychotic client function in a job; in addition, there are several negative factors which staff reported as hampering clients' ability to work. Most of the clients who were interviewed had not worked at any job since they had been involved with the program. For those who had, the mean length of employment was slightly less than one year although this figure is likely the result of transitional employment, the length of which is arbitrarily limited. The mean number of jobs which had been held was one job.

Results of Expert Review

During the course of the study consultants provided impressions of effective program elements. These were recorded during the meetings at the end of each site visit. These impressions are incorporated into the discussion of the results of this study. In addition, consultants were asked to complete a questionnaire in which they indicated and ranked the five program elements which were effective in meeting each of the following goals:

a. To motivate clients towards competitive employment

b. To help clients develop greater career maturity

c. To increase clients' self-esteem

d. To help clients develop appropriate social and interpersonal functioning

e. To help clients increase their ability to function in a competitive work situation

The results for the first goal are presented in Table 89. As this table indicates, all three consultants felt that tangible reinforcements for appropriate behavior was an important program component to meet the goal of motivating clients towards competitive employment. Two consultants also indicated the importance of sheltered workshop employment and the importance of job skills training. All three consultants indicated that some type of actual work experience -- either sheltered workshop employment, transitional employment or competitive employment with staff support -- can be important in motivating clients towards competitive employment.

The results of consultants' rankings for the goal of helping clients develop greater career maturity are presented in Table 90. Two consultants emphasized the importance of evaluation and assessment in the process of developing clients' career maturity. The other consultant, on the other hand, emphasized counseling activities. Two consultants indicated that staff career and educational development were important elements in meeting this goal. All three consultants also agreed that individual counseling was important.

Table 89: Rankings of Program Components Selected by Expert Consultants as Meeting the Goal "To Motivate Clients Towards Competitive Employment."

Rank #1:

Tangible reinforcements for appropriate behavior
Transitional employment
Tangible reinforcements for appropriate behavior

Rank #2:

Clients' opportunities to have different types of work experiences in prevocational work areas
Sheltered workshop employment
Prevocational (pre-workshop) evaluation on work samples and contract work

Rank #3:

Job skills training (e.g. clerical, food service, maintenance)
Tangible reinforcements for appropriate behavior
Job skills training (e.g. clerical, food service, maintenance)

Rank #4:

"Team" approach for development of goals for clients by staff
Staff feedback regarding prevocational work
Sheltered workshop employment

Rank #5:

Placement in competitive employment with follow-up
Work Adjustment Training (situation assessments on contract work)
Placement in competitive employment with follow-up

Table 90: Rankings of Program Components Selected by Expert Consultants as Meeting the Goal "To Help Clients Develop Greater Career Maturity."

Rank #1:

Prevocational (pre-workshop evaluation on work samples and contract work and selected psychological testing and assessment with appropriate reporting to clients
Selected psychological testing and assessment
Individual counseling

Rank #2:

Individual counseling
Prevocational (pre-workshop) evaluation work samples and contract work
Job seeking skills group counseling

Rank #3:

Sheltered workshop employment
Work Adjustment Training (situation assessments on contract work)
Psycho-social groups

Rank #4:

Provisions for staff to initiate program development
Group work adjustment counseling
Work Adjustment Training (situation assessments on contract work)

Rank #5:

Required academic training for staff prior to employment
Individual counseling
In-service training opportunities for staff

The third goal was increasing clients' self-esteem. The results are presented in Table 91. Two consultants indicated that staff feedback regarding prevocational work was important in increasing clients' self-esteem. Beyond that, there were few commonalities among consultants' responses.

The fourth goal was helping clients develop appropriate social and interpersonal functioning. The results are presented in Table 92. All of the consultants emphasized group counseling in some form for meeting this goal. Two consultants also emphasized socialization activities.

The fifth goal was helping clients increase their ability to function in a competitive work situation. The results are presented in Table 93. All three consultants indicated that sheltered workshop employment made a significant impact on meeting this goal; in fact, two consultants indicated it was the most significant element in meeting this goal. All three consultants indicated that job skills training is important in helping clients to learn to function in competitive employment. All three consultants indicated that some type of employment outside of the program -- transitional employment and/or placement in competitive employment with follow-up -- was important in helping clients to develop the ability to function in competitive employment.

For each of these goals, one of the consultants included in the five components which met each goal, at least one component which was related to staff development. One consultant generally included tangible reinforcements for appropriate behavior as an important program element.

Summary

In general, consultants emphasized the importance of work for clients, evaluation and assessment, tangible reinforcements for appropriate behavior and group or individual counseling. Particularly in the area of enhancing clients' career maturity, consultants indicated the need for staff support and staff training. Consultants also emphasized the importance of various group activities to various goals.

Table 91: Rankings of Program Components Selected by Expert Consultants as Meeting the Goal "To Increase Clients' Self-Esteem."

Rank #1:

Staff feedback regarding prevocational work
Tangible reinforcements for appropriate behavior
Prevocational (pre-workshop) evaluation on work samples and contract work

Rank #2:

Prevocational day activities
Psycho-social groups
Sheltered workshop employment

Rank #3:

Work Adjustment Training (situation assessments on contract work)
Socialization activities
Job skills training (e.g. clerical, food service, maintenance)

Rank #4:

Socialization activities
Transitional residence run by program
Staff feedback regarding prevocational work

Rank #5:

In-service training opportunities for staff
Recreational activities
Group work adjustment counseling

Table 92: Rankings of Program Components Selected by Expert Consultants as Meeting the Goal "To Help Clients Develop Appropriate Social and Interpersonal Functioning."

Rank #1:

Psycho-social groups
Tangible reinforcements for appropriate behavior
Psycho-social groups

Rank #2:

Job seeking skills group counseling
Sheltered workshop employment
Group work adjustment counseling

Rank #3:

Socialization activities
Psycho-social groups
Individual counseling

Rank #4:

Recreational activities
Group work adjustment counseling
Transitional residence run by program

Rank #5:

Individual counseling
Socialization activities
Prevocational day activities

Table 93: Rankings of Program Components Selected by Expert Consultants as Meeting the Goal "To Help Clients Increase their Ability to Function in a Competitive Work Situation."

Rank #1:
Sheltered workshop employment
Transitional employment
Sheltered workshop employment
Rank #2:
Placement in competitive employment with follow-up
Job skills training (e.g. clerical, food service, maintenance)
Job skills training (e.g. clerical, food service, maintenance)
Rank #3:
Provisions for staff to initiate program development
Group work adjustment counseling
Transitional employment
Rank #4:
Work Adjustment Training (situation assessments on contract work)
Tangible reinforcements for appropriate behaviors
Prevocational (pre-workshop) evaluation on work samples and contract work
Rank #5:
Job skills training (e.g. clerical, food service, maintenance)
Sheltered workshop employment
Placement in competitive employment with follow-up

D. DISCUSSION

The purpose of this study was to identify those program elements which appear to be particularly effective in the vocational rehabilitation of schizophrenic clients. The data are, therefore, discussed with this purpose in mind. In addition, the results of the data analyses and the impressions of the principal evaluator and the consultants are synthesized to provide the basis for the construction of a model of a vocational rehabilitation program.

Descriptive Information

The descriptive information about the clients revealed some interesting results. It was expected that the client population had a history of short-term, unstable employment. While this may be true for some clients, or for all clients at some time, analysis revealed that some clients had fairly stable employment histories at some time in their lives. As previously indicated, the mean length of longest previous employment was 4.5 years; the median period of longest employment was 3.5 years which indicates that at least half of the clients had worked at one job 3.5 years or more prior to their involvement with the program.

In addition, some clients reported high levels of educational attainment. While a third did not have a high school diploma, of the remaining two-thirds, one-third of the clients had a high school diploma and nearly a third had some education beyond high school. This presents a picture of a population with a fair amount of education and who may, therefore, be receptive to job skills training programs.

It is recognized that the functioning many clients were able to maintain prior to their illnesses is not necessarily the degree of functioning they could maintain in the present. Nonetheless, the fact that some clients have maintained fairly stable employment patterns at some time and have had educational achievements may have important implications for the success of job skills training programs. The fact that some clients have had a previous stable employment history may also account for the extraordinarily stable program attendance reported by many clients. Most clients reported to the programs five days a week. Although program attendance and work attendance are not comparable, the stability of this attendance pattern, combined with the educational and vocational histories cited above, may indicate that some clients may be able to adjust to the demands of regularity inherent in a work situation.

An additional factor in the rehabilitation process concerns the impact of disability benefits. As indicated above, 72.9% of the clients were receiving some type of disability benefits. Another fairly large group of clients (16.9%) were being supported by their families. In the former case, the issue that clients' unearned income is threatened by obtaining a fulltime job is a reality with which both clients and staff must deal. In addition, losing unearned income includes the loss of health benefits

associated with that income. Clients who are receiving disability benefits are dependent on the income to pay for their living expenses, and they are also dependent on the medical benefits to pay for psychiatric and other forms of medical care.

For those clients who are supported by their families (and this is a sizable portion of the sample), staff indicated that the acquisition of competitive employment can raise considerable objections from clients' families. Usually the work clients can find is at entry level and pays the minimum wage. In addition, family members may become very anxious that the pressures of competitive employment will cause the client to become ill. Therefore, even clients who are not receiving disability benefits -- most of whom are supported by their families -- can encounter serious problems when they seek competitive employment. These data indicate that these are crucial and real issues for clients.

As indicated above, 91.5% of the clients indicated they were on medication. All three programs indicated that they urged clients to take their medication, and staff were alert to changes in behavior that would signal a lack of medication compliance. Two-thirds of the clients agreed that medication helped them function in a work setting. Therefore, there appears to be support for the argument that program policies concerning medication and staff attention to medication issues are important to the vocational rehabilitation process.

Staff Considerations

Many of the rehabilitation staff had had formal training and/or previous related work experience. In addition, programs also offered in-service opportunities for staff training. It was the observation of the consultants as well as the principal evaluator that training opportunities and education in related areas improved the work performance of staff. It was the consultants' impression that "burn-out" was a significant problem for staff members and that input and support both from within the program and from outside the program deminished the chances that staff members would suffer burnout. Prior professional training and the expectation from the program that staff members would have prior training seemed to enhance the staff self-confidence about their own work. In addition, it appeared that increased education and training increased the probability that staff members would work cooperatively and confidently with other professionals in the mental health and vocational rehabilitation community.

Both the professional status and autonomy of staff members also appeared to be important considerations. In many situations staff had developed programs because they identified a client need. Opportunities for expressing initiative on the part of staff seemed to increase staff morale and confidence. It is well recognized that there are many frustrations in the rehabilitation of schizophrenic clients. The staff interviewed in

this study seemed very committed to helping schizophrenic clients. However, we found that the staff who appeared to function the most optimally were those who had some formal training which was recognized as important by the program, those who were involved in professional organizations, and those who had the opportunity to have a significant impact on developing new program elements.

Motivation

The main concern in the motivational area was to identify program components which appeared to be most effective in motivating clients to continue to be involved in the program and to work. For both staff and clients, the relationship between clients and staff appeared to be an important motivator to work. The data suggest that clients were affected by both the positive and negative reactions of staff. They were influenced by the negative reactions of staff when they failed to meet their responsibilities, and they most often cited the staff concern and understanding as reasons for their continued involvement in program activities.

In terms of motivation to be involved with the program, both clients and staff indicated that the relationship between staff and clients was an important motivator. However, when clients and staff were asked the positive rewards clients receive for meeting their responsibilities to the program, staff indicated positive feedback from staff most often while clients cited better pay and increases in self-esteem. The differences in responses to the latter question may be a reflection of differences in the questions. Staff were asked how they react when clients meet their responsibilities while clients were asked what rewards they received when they met their responsibilities.

However, when clients were asked what negative responses they expected for their failure to meet their responsibilities, their most frequent response was that the staff would respond negatively. Their second most frequent response was that they would be excluded from the program. Both of these responses imply negative reactions from staff. Staff, on the other hand, most often indicated that they investigated situations in which clients did not meet their responsibilities; the second most frequent response was that they would react negatively to clients. It may be that negative responses from staff have a particularly powerful impact on clients while, in the realm of positive reinforcement, clients are less sensitive to positive responses from staff. The fact that clients cite the pleasantness of staff as the way in which staff motivate clients to be involved with program activities may indicate a feeling on the part of clients that staff do not become unpredictably unpleasant towards clients. The fact that clients cite negative reaction from staff as a negative consequence of clients' failure to meet their responsibility, suggests that clients perceive a clear connection between inappropriate behavior on their part and staff reaction. Given the cognitive problems

associated with schizophrenia and complicated interpersonal relationships typical of schizophrenic persons, it appears that programs have achieved a great deal in the degree to which clients have clearly identified what contitutes unacceptable behavior and the consequences associated with that behavior. The data suggest that it is important that programs establish clearly defined contingencies for inappropriate behavior such as those cited above.

These findings accentuate the importance of certain program components. One appears to be the relationship which develops between clients and staff; if clients do not identify staff as important reinforcers, negative reactions from staff may be less effective deterrents. In addition, on the positive side, the establishment of a trusting relationship with staff can decrease the isolation from which so many schizophrenic clients suffer. As clients indicated, staff members are people who can be trusted and whose approval is valued.

Offering paid work appears to be an important motivator for some clients. As previously indicated, many clients have worked in the past and their motivation to become involved with the program is the opportunity to return to a more "normal" work world. Due to a tight job market, all of the programs we visited were struggling to offer their clients a variety of paid work experiences. Generally, the work which is available to clients within the program is either paid assembly work or work which contributes to the maintenance of the program (such as housekeeping or food preparation). The latter work experiences were sometimes unpaid. For motivational purposes, it appears wise to assess the importance of paid work to individual clients and to provide paid work for clients for whom money is an important motivator.

Better pay and increases in self-esteem were most often cited as important reinforcers for clients' success in meeting their responsibilities. These responses suggest support of an impression the principal evaluator developed during the course of this study. It appeared that more regressed clients were more sensitive to extrinsic reinforcers such as more pay and better responses from staff. On the other hand, it appeared that less regressed clients were more sensitive to intrinsic rewards such as an increase in self-esteem. During the course of this study, we observed attempts by staff to identify the reinforcers which were unique to each client. This data supported the impression of the principal evaluator that more regressed clients were influenced by more extrinsic motivators and less regressed clients were more influenced by intrinsic motivators.

Goals

There appeared to be three basic reasons clients decided to seek rehabilitation. One was that it was the best alternative available to them; this group of clients did not indicate any other specific goal. The second

group indicated they were seeking psychosocial help and the third group indicated they wanted to work. The correlations among the twelve goals presented in Question #3 of the Clients' Interview (see Appendix B) revealed a similar picture; there were clients who primarily wanted to work and live independently, while there were also clients who primarily wanted psychosocial help.

The task in Question #3 of the Clients' Interview asked clients to rank their rehabilitation goals, i.e. it may be that finding and/or keeping a job and staying out of the hospital are both important concerns, but this task forced clients to indicate which was more important. Therefore, the correlation of relative rankings of goals did not indicate that clients who were concerned about mental health or social goals were not concerned about their career development, but that there was a negative correlation between these goals as priorities. What is important about these results is that clients differed in terms of their priorities. This implies that clients who were more concerned about their mental health and social adjustment were more receptive and motivated to obtain services geared towards fulfilling those goals. The findings in this research suggest that clients who are most concerned about mental health and social goals are less likely to be concerned about goals involving independent living, planning for the future, furthering their education or finding competitive employment. However, the results do not indicate that clients who are concerned about their mental health are not concerned at all about career development goals. The median client rankings for goals of the Goal Attainment Scale -- most of which are related to career development -- was that each goal was "very important". The negative correlations among clients' rankings for work-related, social and mental health goals suggest that clients are more motivated to continue their involvement with programs which address their primary goals first. This was consistent with the fact that clients whose primary goals were concerned with their mental health were more likely to be involved with the Club - a psychosocial program. Clients who wanted to make new friends were more likely to be involved with the Club or Friendship House -- both programs which had significant psychosocial components. Clients who were primarily concerned about learning work skills tended to be involved with JVS. It appears that programs are wise to assess the primary goals of clients in order to determine if they are consistent with the primary goals of the program. This seems to be a useful screening device.

Activities

Clients and staff agreed that the most important activities in the program were those in which clients worked. All of the programs included in this study included work activities in clients' daily schedules. It is apparently important to many clients that they feel they are working in some way as part of the program. Counseling activities and social and recreational activities also appeared to be important. Given the social isolation which can be an intrinsic aspect of mental illness, the social and recreational opportunities offered by the program appear

particularly crucial. Programs offered activities in the evenings and on weekends and it appears that many clients attended these activities and considered them very helpful.

On the other hand, it appears that activities associated with preparation for competitive employment were not cited very often by clients. Staff cited transitional employment fairly often (12.3% of the responses), but relatively few staff cited activities designed to prepare clients for competitive employment (see Table 46). This may be due to the fact that most of the clients who were interviewed were those who were attending the day program; relatively few had had transitional employment or competitive employment since their involvement with the program (see Table 86). Therefore, it may be that the clients who were interviewed were not appropriate candidates for competitive employment at the time they were interviewed.

Career Maturity

It was the principal evaluator's observation that the questions regarding career maturity caused both staff and client respondents to have a certain amount of difficulty. Clients and staff had a great deal of trouble understanding concepts such as "decision-making" or "planning." As indicated above, clients and staff differed about the degree to which staff were addressing clients' needs in these areas. While in vocational psychology, these variables are among those which are considered salient in the career development process, there is little evidence that these variables were, in fact, salient in the thinking of most clients and staff. However, it may be that activities addressing career development goals are important, but have not been conceptualized in these terms. Therefore, clients and staff had difficulty conceptualizing responses to some of the career maturity questions.

Both clients and staff generally agreed that clients learned about their abilities and interests from their work experiences in programs. Although staff indicated the usefulness of testing and evaluation more often than clients, neither group was likely to cite the results of testing as a way they often used to identify interests and abilities.

Vocational assessment is an area of particular interest in this project and the Vocational Assessment Project. (See Final Reports of SREG 808 and 116. These reports give a detailed account of the reliability and validity of vocational assessment devices with a schizophrenic population.) It may be that staff and clients in vocational programs have found instruments which assess interests and abilities not to be very useful for two reasons: (1) staff are generally not trained to use test results; and (2) the test results did not correlate with staff impressions because the instruments did not provide very reliable and valid information about schizophrenic clients. Nonetheless, staff did express some concern about the development of more precise evaluation and assessment techniques.

It is the view of the consultants that certain instruments can be useful if they are interpreted properly and if they provide information which can be translated into a plan for clients' rehabilitation.

Both staff and clients agreed that staff had supported clients' efforts to make decisions and thereby, increased clients' confidence that they could successfully make decisions. A sizable portion of staff also indicated that they helped clients learn the process of decision making by using available information and selecting alternatives. Since the ability to make effective and logical decisions is an intrinsic part of career maturity, it seems important that clients master this skill. One of the ways in which staff frequently indicated that they supported clients' decision-making was to use opportunities within the program to make decisions as skill-building experiences. Prevocational work areas in which clients have considerable responsibility at the same time they have supportive staff nearby, appeared to be good opportunities for clients to develop better decision-making skills.

Rehabilitation programs also offer clients many opportunities to learn planning skills with the support of staff. Learning planning skills seems particularly important because of the interference of the schizophrenic process in the ability to conceptualize the future (restriction of the psychotemporal field). Clients most often indicated that confidence about their ability to plan for the future had been increased. Given the schizophrenic anxiety about the future, this type of supportive intervention in the development of the ability to plan seems very important.

In general, it appears that the career development of schizophrenic clients was most often facilitated by actual experiences working, planning and deciding. Staff often used these experiences to facilitate career maturity, although they did not conceptualize it in these terms. Staff also facilitated career maturity by increasing the self-esteem and self-confidence of clients in regard to planning and decision making.

Work

Both staff and clients indicated that there was a relationship between working in the program and learning about functioning in competitive employment. Staff also indicated that specific activities designed to prepare clients for competitive employment were significant ways in which clients can be motivated towards competitive employment. Clients indicated that staff reinforced the increased rewards associated with competitive employment. For instance, staff often told clients who were dissatisfied with workshop income that a way in which they could make more money was to pursue employment outside of the workshop. Surprisingly, few clients indicated that transitional employment motivated them towards competitive employment, but this may be because few of the clients who were interviewed had held transitional employment jobs.

Staff had been asked to identify the negative influences on clients' ability or willingness to work. The affects of clients' psychosis was cited most often; clients' fears about failure and about losing disability benefits were also frequently indicated. In order to deal with these negative factors, programs generally encouraged clients to take medication and expected that they would continue to take medication. In addition, staff indicated that they supported clients' efforts to function. This appeared to have been done in several ways. One is that clients were expected to function despite psychotic symptoms. One counselor related that she often tells clients to stop listening to the voices in their heads. In general, clients were expected to take responsibility for themselves. The fact that clients were expected to behave and dress appropriately and that they understood the negative consequences attached to failure to meet these responsibilities were other ways in which staff supported clients' efforts to function. In addition, clients were expected to maintain the schedule to which they agreed. To support clients, staff also reported that they investigated situations in which clients were not meeting their responsibilities, and they might adjust the demands if a client was having a particularly bad day. Therefore, the basic staff strategy in terms of support for clients' functioning appeared to be to set demands with which clients could realistically cope and recognize with sensitivity those times when clients were having particular problems. The important point is that all programs succeeded in communicating that they expected as much independent functioning as a client could master.

While relatively few clients indicated that job skills training was a way in which they were preparing for competitive employment, it seems nonetheless that this is an important area for rehabilitation. The Vocational Assessment Project found that the item on the Work Related Activities Scale (WRAS) which discriminated best between working and non-working schizophrenic clients was the item in which clients indicated that they had applied for job training. Generally, programs had little opportunity or resources to develop job skills training areas, although some efforts in clerical, food service and maintenance areas had begun.

It was the consultants' view as well as that of the principal investigator that job skills training was important to the process of vocational rehabilitation. Those programs which had established training programs in food preparation, maintenance and clerical appeared to be having a considerable degree of success and clients appeared to benefit from such programs. While sheltered employment in which the program recruits contract work may be a financial necessity for the program's survival and while it fulfills a need for paid work, we did observe instances in which sheltered workshop employment was combined successfully with job skills training. Clients were apparently willing to spend a portion of their day away from the sheltered workshop where they had paid work to receive unpaid job skills training.

Summary

This study found that schizophrenic clients were able to adjust to a regular schedule within the context of the rehabilitation program. The data in this study clearly indicated that clients were willing to be responsible for regular attendance each day and stable performance of assigned work duties. Clients in all programs, regardless of the orientation of the program, indicated that they were responsible for some work even if it was only one hour of housekeeping work each day.

Clients clearly involved themselves with rehabilitation programs for different reasons. Some wanted to work, some wanted some place to go during the day, and some wanted help coping with the effects of mental illness. The data clearly indicated that those who are motivated by a desire to work are more often found in a program which contains a sheltered workshop while clients seeking help coping with poor mental health were more often served by a psychosocial program. However, regardless of program, the relationship between client and staff appeared to be very important in motivating clients to continue their involvement. In addition, the data indicated that staff, in their relationships with clients, have set clear contingencies for inappropriate behavior. It is suspected that this has made staff behavior less threatening, more predictable and more directly related to client behavior in a way that is clearly understood by clients. These contingencies have clear implications for developing appropriate work performance.

As indicated several times in this study, some clients emphasized the need to work, and these same clients appeared also to be those who emphasized goals involving furthering their education, planning for the future and living independently. The other portion of the client population emphasized mental health and social goals. However, in neither case is there evidence that one cluster of goals precludes another. Overall, most clients were concerned about staying out of the hospital and improving their mental health. Most were concerned about work related goals. However, different clients prioritized these goals differently. The important aspects of the findings in this regard was that, as has been observed in this study, the primary goals of clients and programs were consistent. This type of goal assessment prior to program admission is important.

Generally, in the area of employment, there was little data concerning clients' experiences with employment outside of the program. However, many identified employment within the program as a way in which they were preparing for competitive employment. In addition, it is clear from the data that some clients were attracted to rehabilitation programs because they provided the opportunity for clients to work. Although this was not true for all clients, the availability of work within a program was important to a sizable portion of clients. Therefore, it appears that there is a value in offering employment opportunities, such as sheltered workshop employment to some clients. Since the data indicated that the clients in this sample had a record of some consistent and stable employment and since two of the programs included in this study offered sheltered workshop employment to their clients, it may be that clients who are attracted to sheltered workshop employment are those who are more oriented to work in general. The problem that clients seemed to confront when they contemplated competitive employment was that the jobs for which

they might be eligible were mostly entry level jobs and not necessarily related to the employment they had had with the program. Nonetheless, it is clear from the data that the paid work available to clients in a sheltered workshop is an important motivator for some clients.

The results of this analysis generally suggested two important facts about the psychiatrically disabled clients. One is that many clients can conform successfully to the structure of a modified work day and the demands of a modified work situation.

The second important point demonstrated by the results of this research is that chronically hospitalized and psychiatrically disabled clients are a diversified population. A uni-dimensional approach is not appropriate for schizophrenic clients. Because clients' goals and needs vary, assessment of clients' primary goals becomes a very important issue for rehabilitation programs.

E. OUTCOMES AND CONCLUSIONS

Implications of this Research for the Construction of a Model Vocational Rehabilitation Program

The main purpose of this project was to evaluate three vocational rehabilitation programs serving schizophrenic clients in order to identify those program elements which seemed particularly effective. The outcome of these evaluation studies was a series of recommendations concerning the construction of a model vocational rehabilitation program for severely psychiatrically disabled clients.

The recommendations which follow are based on the results of 59 client and 71 staff interviews at three rehabilitation programs and the impressions of the principal evaluator and three expert consultants. Therefore, these recommendations synthesize the perceptions of clients, staff and several evaluators. For the most part, this study did not examine which program elements were most effective, but rather reported those program components thought to be effective from several important perspectives.

Model-building recommendations are made in the following areas: (1) assessment, (2) motivation, (3) career development, (4) work, (5) counseling, (6) staff development, and (7) medication.

Assessment

A detailed account of recommendations for the vocational assessment of schizophrenic clients can be found in the Final Report of the Vocational Assessment Project (SREG 808, 1980) and Part I of this project (SREG 116, 1981). Therefore, the recommendations of the research concerning vocational assessment will not be repeated here. These recommendations will be limited to those based on the evaluation study.

Both staff and consultants agreed that certain standardized assessment techniques were useful with some severely psychiatrically disabled clients. However, clients reported learning about their abilities, preferences and work readiness through actual work and program experiences. The use of work and program experiences as assessment devices seemed to be an important part of all three of the evaluated programs. Given all the factors which can interfere with a useful standardized assessment, and the tendency for clients themselves to utilize concrete experience in self-appraisal, the use of work and program experiences to make assessments seems preferable in most cases. Therefore, in general, the use of the past and present experiences of clients seems to be the most reliable and valid way to make assessments of clients' interests, abilities and work readiness.

Motivation

The results of this study indicated that clients differ in terms of the priority of their rehabilitation goals. In addition, the priority of clients' goals were related to the type of program with which they remained involved. Therefore, it seems important to make an assessment of client goals at intake and at various times during program participation. It is assumed that when the primary goals of the client and program are consistent, clients' motivation will be maximized. For instance, the work opportunities of a program should be focused on those clients whose primary goals involve work. On the other hand, clients whose primary goals involve staying out of the hospital may not be work ready.

A related way in which clients differ involved the effectiveness of various types of reinforcement. Some clients were motivated to work because of the monetary rewards, others seemed more concerned about self-esteem and the approval of significant others. Therefore, in order to increase or sustain clients' motivation to work, it is important to determine the unique motivators which operate most effectively with each client. These reinforcement contingencies have important implications for maximizing clients' motivation to work.

Both clients and staff agreed that staff responses to clients meeting work and program responsibilities were very important sources of motivation. This implies that the staff-client relationship is a very important motivational consideration. The effectiveness of staff response as a motivator, often depends on the quality of the staff-client relationship. This seems very important for schizophrenic clients who often have few social supports, and fear independence and success. Many clients viewed program staff as very important people in their lives who made work and program involvement possible for them.

Feared loss of disability benefits had a negative effect on clients' motivation to work. In a time of financial restraint, many of these fears are real concerns about an eligibility process which often seems arbitrary. However, the results of this study indicated that feared loss of disability benefits is much greater than the actual loss experienced by the clients interviewed. Efforts should be made by program staff to consider the least disability threatening alternative for clients and resort to systems advocacy when appropriate.

Staff indicated that clients' families sometimes inhibit work motivation and can present obstacles to the vocational success of clients. This is sometimes the result of families' fear of the loss of disability benefits and the financial consequences to the family. Or, family opposition to work can be the result of the threat work poses to the dependency of the client on the family and family cohesiveness. When feasible, it seems important to work with families, as well as clients, in order to enlist their cooperation and support. It also offers an opportunity to be supportive to schizopresent families who have often suffered a great deal. In turn, these families can be supportive of clients efforts to work.

Career Development

The study focused on four aspects of career development: identifying preferences and abilities, planning and decision making. Both clients and staff saw these four areas as important in vocational rehabilitation. The ways that were most frequently recommended for facilitating career development were: (1) to use work and other activities in the program as vehicles for identifying preferences and abilities, and teaching planning and decision-making skills; (2) to support and increase clients' confidence about their own self-appraisal, planning and decision making skills. Therefore, it is recommended that the career development of schizophrenic clients be facilitated on the two ways indicated as most helpful by clients and staff.

Work

There are several types of work programs which were observed as part of this study. One type was the prevocational work activities for which clients were not paid. A second was sheltered workshop employment. A third was transitional employment, and a fourth was placement in competitive employment with support and follow-up activities from staff.

As indicated clearly by the results of this study, clients differ both in terms of their motivation to work and in terms of the degree to which working is a primary goal. There is a suggestion in the results of this study that clients who had histories of fairly stable employment prior to their illnesses were more likely to be involved in work in the program. Regardless of the type of program, work was very frequently cited as the most useful part of the program and the clients' chief responsibility.

The question which arises is what type of work program is most useful. It appeared that clients whose primary goals involve psychosocial concerns--improving their mental health and decreasing their social isolation--were less likely to be clients in a program which included a sheltered workshop. For those clients whose primary goals involved work, a sheltered workshop in which they were paid for work and in which clients could advance according to their competence seemed useful. Once clients' goals and priorities are assessed, it appears that clients who are not primarily interested in work may be more receptive to unpaid work activities and psychosocial activities. It should also be emphasize that psychosocial group activities and job skills training appeared to be sufficiently attractive to sheltered workshop clients that they were willing to sacrifice time in the sheltered workshop, for which they would be paid, for unpaid time in psychosocial groups and job skills training. The main point in regard to work is that most clients are receptive to some type of work, but the type of work, the amount of time each day clients spend working, and the balance between psychosocial activities and work activities appear to be best determined by a consideration of clients' readiness and primary goals for seeking rehabilita-

tion. Clients most concerned about mental health and social concerns appear to be best suited for a program in which psychosocial activities predominate and in which work activities are unpaid and contribute to the general welfare of the program. On the other hand, clients who are most concerned about work and reinforced by better pay seemed to maintain their involvement with programs which include sheltered workshops.

It seems very useful, regardless of the type of work activity included in program activities, to diversify the types of work activity as much as possible. Sheltered workshop staff, in some instances, indicated that there was clearly a need to offer clients more diversified work. However, due to the difficulty that workshops experience in obtaining subcontract work, diversity of work experiences has probably been best created by programs by offering more opportunities for job skills training to clients.

Transitional Employment. Nine out of the 59 clients interviewed had been involved in a Transitional Employment Program (TEP). Five of these 9 indicated that TEP had been an important developmental step and had motivated them to seek competitive employment. Staff indicated that TEP gave clients the opportunity to experience work outside the program and helped in the assessment of work assets and deficits. Although there are serious limitations on the kinds of work which TEP can offer, it also gave clients the opportunity to earn money which usually does not threaten disability benefits. It was the impression of the expert consultants that those clients with clearly defined work goals and who can combine TEP with job skill training had the most rewarding TEP experiences. The consultants also identified the relationship between program staff and employers as an important link between the program and the world of work.

Competitive Employment. Most of the clients interviewed had not been placed in competitive jobs by programs. This seemed primarily due to the fact that these clients were not assessed to be work ready. One program had a full-time job developer who assisted clients in finding jobs which seemed suited to their abilities and preferences. It was the opinion of the consultants that when feasible, this type of arrangement is recommended. It was also strongly recommended that contact with the program be maintained for support and follow-up while a client is competitively employed.

Job Skills Training. Almost 20% of the clients interviewed indicated that job skill training was a way that they were preparing for competitive employment. Several staff members, particularly those who were responsible for job placement, indicated the need for an increase and improvement of opportunities for skill training. Placement personnel indicated that training in specific skill areas made employers more receptive to employing psychiatrically disabled clients.

Counseling

Programs generally had professional staff members who were designated as counselors even though other staff, including administrators, indicated that they did a certain amount of counseling. The data collected for this study indicated that they relationship between staff and clients was an important reinforcer and that clients identified staff as individuals whom they could trust and whose opinion they valued. The data also indicated that many clients had specific goals, and goal identification and setting were generally conducted in counseling sessions.

It is the observation of the principal evaluator that clients were very aware of their relationship with their counselor and valued regular contact. One counselor indicated that he attempted as much as possible to maintain weekly contact with clients and tried to schedule their appointments at the same time each week. Given the impression we have developed that schizophrenic clients, in particular, react well to regularity and structure, it appears this regular contact is important.

Counselors frequently reported that they had the primary responsibility to assess clients' readiness for work. Therefore, assessment information and counselors' explanation of assessments to clients is also important. Many counselors indicated that it was part of their sessions with clients to set goals which were specific and to which clients agreed. If clients had difficulty reaching these goals, staff might work with clients to change the goals. Both clients and staff identified with some frequency that an important client responsibility, for example, was to attend the program according to the plan which had been established between client and counselor. Therefore, it seemed that the most fruitful use of counseling time was devoted to the establishment of realistic goals for each client and to helping clients develop workable plans to reach those goals.

In addition, the data indicated that staff could assess clients' interests and abilities by questioning clients about past and present interests and abilities. Staff and clients also often indicated that clients learned how to make decisions more effectively because staff supported clients' efforts to make decisions; this would increase clients' confidence to make decisions. Staff also indicated that they assist clients in selecting and evaluating information that is relevant to a decision. Therefore, it appears to be a function of the counseling relationship between staff and clients to collect information and to support clients in utilizing that information to make independent decisions and facilitate their career maturity.

Group counseling. There was a great deal of variety in group counseling activities in the programs we visited. Some of these groups were devoted to the acquisition of better interpersonal skills, some were concerned with the activities of daily living (ADL), such as daily grooming, some were concerned with employment issues such as transitional employment, job placement and adjustment to sheltered

workshop employment, and some were group meetings at which clients discussed issues related to the activities of the program. There is no indication in the data about which of these group activities are most helpful. Staff frequently referred to individual and group counseling activities as helpful. In addition, the median rank for the goal "To teach social skills" on the Goal Attainment Scale was that this goal was "very important" to clients. The expert consultants also indicated that client association with various types of group activities facilitated clients' career maturity, enhanced their self-esteem and helped clients develop appropriate social and interpersonal functioning. Given the observations of the research team, a variety of group experiences appear to be helpful to clients.

Staff Development

The data collected in this study indicated that approximately one-third of the staff interviewed had some professional training relevant to their work responsibilities in the program. Both the principal evaluator and the expert consultants agreed that the most important elements for staff development were: (1) previous training; (2) in-service training; (3) affiliations with professional organizations; (4) commitment to their own career development; and (5) the freedom to develop new activities in response to perceived client need.

Previous Training. It was the impression of the principal evaluator, in particular, that previous training in psychology, counseling, rehabilitation or social work enhanced staff self-confidence and made them more receptive to cooperative relationships with other mental health and social service professionals. One consultant indicated that one of the five program elements important to helping clients develop greater career maturity was required academic training for staff prior to employment.

In-service training. There are demands on staff to be knowledgeable about several areas: rehabilitation, psychopathology, medication, group and individual counseling, vocational psychology and psychological assessment. While staff may have acquired some of this expertise from their previous training, programs provided inservice training in these areas as well. It appeared to the research team that this type of inservice training served two basic purposes: (1) it enhanced the career development and, therefore, the self-esteem of staff in regard to their own work; and (2) it communicated to staff the degree of professionalism which was expected and for which they would be supported by the program.

Affiliations with professional organizations. Affiliations with national, state-wide and local organizations concerned with mental health and rehabilitation issues appeared to the research team to increase the degree to which staff saw themselves committed to a career in the mental health and rehabilitation fields. Attendance at conferences provided more support for staff by opening the channels to other support groups, by

making the program staff more visible in the field at large and thereby enhancing staff perception of the importance of their own work, and by further exposing staff to new ideas in the field.

Commitment to their own career development. All of the above elements indicated in regard to staff can be subsumed under the heading of career development of staff. As Super (1957) has shown, commitment to one's career increases to the degree to which one engages in activities related to that career. As one of the consultants associated with this study indicated, the optimal situation for staff is that they have a professional career commitment which is partially independent of the program in which they are employed. Such a commitment led to receptivity to additional skills development and to greater pride in their work which, in turn, appeared to prevent staff "burn-out." Also, quite simply, if staff are not committed to their own career development, it may be difficult for them to be sensitive to critical issues inherent in the career development of their clients.

Freedom to develop new activities in response to perceived client need. Staff who had made commitments to their own career development in terms of prior training, in-service training, and professional affiliations also seemed to us to be very active in initiating and experimenting with new activities to meet a perceived need among a group of clients. It was an underlying philosophy inherent in this study that staff at various programs had developed very accurate perceptions about the program components which were effective with psychiatrically disabled clients. Administrators who have allowed staff members to initiate their own activities have allowed the program to be enhanced in a very powerful way. Staff had very excellent ideas about what is effective and in those cases in which they had the opportunity to implement ideas, very effective and innovative activities were created.

Medication

All of the programs observed during the course of this study urged their clients to take prescribed psychiatric medication. Almost all clients were taking psychotropic drugs. Two-thirds indicated that medication helped their ability to work. Approximately one-third felt it hurt their ability to work. Staff and administrators were adament that, based on their observation of clients' behavior, medication was very important to clients' ability to hold a job. Because there are unpleasant side effects associated with medication and because taking medication can increase clients' perception of themselves as "sick", the degree to which programs insist that clients take their medication is a difficult issue. Generally, program staff resolved the dilemma with the position that clients could discontinue their medication with the approval of their physician, as long as their behavior remained appropriate.

Summary of Model-Building Recommendations

Based on the results of the field study and the expert review of three vocational rehabilitation programs serving schizophrenic clients, model-building recommendations are:

1. The use of past and present experience of clients, especially program experiences, seems to be the most reliable and valid way to make assessments of clients' interests, abilities and work readiness. (See Final Reports of SREG 808 and Part I of SREG 116.)

2. Clients' motivation to be involved in program activities is maximized when program activities are focused on clients' primary rehabilitation goals.

3. In order to increase or sustain clients' motivation to work, it is important to determine the unique motivators which operate most effectively with each client.

4. The quality of the staff-client relationship has very important implications for a clients' motivation to work and rehabilitation in general.

5. Efforts should be made to consider the least disability threatening work alternative for clients who are reluctant to work because of feared loss of disability benefits.

6. It is important to offer supportive services to families in order to enlist their cooperation and support of clients' work efforts.

7. The career development of schizophrenic clients can be facilitated by supporting clients' self-appraisal, planning and decision-making skills.

8. The activities of the program should be used as vehicles for identifying interests and preferences and to teach planning and decision-making.

9. Work opportunities are very important parts of any vocational rehabilitation program. Work is most effectively used with clients whose primary rehabilitation goals are work related.

10. It is important to develop job placements which are consistent with the abilities and interests of clients.

11. Transitional employment can be an important developmental step toward competitive employment for some clients.

12. In order to sustain a competitive job, it is important that clients maintain regular involvement with the program after they become employed.

13. In order to improve the quantity and quality of job placements, it is important to offer clients job skill training.

14. Group and individual counseling are indicated for goal setting, problem solving, support and to improve daily living and interpersonal skills.

15. Several staff development issues are important:

    a. previous work-related training

    b. opportunities for in-service training

    c. affiliations with professional organizations

    d. commitment to professional development

    e. freedom to develop new activities in response to perceived client need

16. Generally, efforts to improve medication compliance is important in a clients' ability to remain functional and employed.

These recommendations synthesize the evaluation of three rehabilitation programs. They are meant as guidelines concerning program elements which were found to be effective in the vocational rehabilitation of schizophrenic clients. Because of the limitation of program resources and differing program philosophies, in most instances, no single program will be able, or willing to use all the recommendations listed.

Applicability of Recommendations for Vocational Rehabilitation Programs Serving Psychiatrically Disabled Students in Schools

During the course of this project, the project director, the principal evaluator and other project staff visited two regionalized special service schools in Burlington and Bergen Counties. Many hours were spent interviewing school administrators and staff, and observing programs for emotionally disturbed students in operation. These school visits were conducted in order to have the needs of schools in mind when the model-building recommendations were formulated. Therefore, most of the recommendations of this study can also be applied to vocational rehabilitation programs in schools serving severely psychiatrically disabled students. However, the classification of emotionally disturbed is very broad and often ranges from those who are minimally impaired to those who are extremely dysfunctional and are often referred to as autistic. The recommendations of this study are more applicable to students with severe emotional impairments, but many recommendations can be applied to other emotionally disturbed students as well. Often decisions about the relevance of recommendations should be related to the specific goals of the program.

Therefore, the decisions concerning what and how these recommendations can be applied to specific school programs are left to those who will use them. As part of the dissemination of this project, those who would like to consult the project director concerning the applicability of recommendations for specific school programs are invited to contact:

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F. DISSEMINATION AND IMPLEMENTATION

The project director, consultants and staff have been very involved in the local and national dissemination of the results of this vocational research through conferences and journal articles. This is a partial list of conferences:

-National Convention of the American Psychological Association, Los Angeles, California, August, 1981.
-National Convention of the American Personnel and Guidance Association, St. Louis, Missouri, April, 1981.
-International Association of Psycho-Social Rehabilitation Services, New York, New York, May, 1980.
-New Jersey American Personal and Guidance Association, Cherry Hill, New Jersey, April, 1981.
-New Jersey Psychiatric Rehabilitation Association, North Brunswick, New Jersey, June, 1980.
-New Jersey Department of Education, Division of Vocational Education and Career Planning, Occupational Resource Center, Edison, New Jersey, March 25 - 26, 1981.

Articles:

-Ciardiello, J.A. Job placement success of schizophrenic clients in sheltered workshop programs. Vocational Evaluation and Work Adjustment Bulletin, tentatively scheduled to be included in 14, 2, Fall, 1981.
-Ciardiello, J.A. Measurement of the motivation to work among psychiatrically disabled clients. Submitted for publication.
-Ciardiello, J.A. and Bingham, W.C. The career maturity of schizophrenic clients. Submitted to Rehabilitation Counseling Bulletin for publication.

In order to further disseminate project findings, copies of the final report will be sent to those individuals and groups who have cooperated in this project and other interested agencies. Articles using the results and implications of the study will continue to be written and submitted for publication to appropriate journals. Plans will be developed to sponsor training programs and workshops, and attend professional conferences to present the results of this project to others who are interested in the vocational rehabilitation/education of the chronically mentally ill.

The project director and consultants are directly involved in counselor education as faculty members in Counselor Education Programs at Rutgers and Penn State Universities. Students in Rutgers classes have already been involved as field-work interns interviewing clients and graduate classes developed one of the measurement instruments. This project will continue to be part of counselor education programs.

Since it was not possible to analyze all the data collected, analyses will continue over the next few years. This information will continue to be disseminated through articles, professional conferences and in-service training programs.

If the experiment to test a pilot vocational rehabilitation program is funded, the results of this study will be invaluable in constructing a model program.

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